# EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990** (Rev. January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| A I                     | or the                    | 2019 calendar year, or tax year beginning                     | and                                | ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
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| В                       | heck if pplicable         | C Name of organization                                        | W V                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D Employer identific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | cation number                 |
| а                       |                           | PAIRIUI SERVICES GROUP,                                       |                                    | ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| X                       |                           | IN AMERICA S VETERANS F                                       | OUNDATION INC.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| X                       | Name<br>change            |                                                               |                                    | 170° W 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | **-***01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |
|                         | Initial<br>return         | Number and street (or P.O. box if mail is not deli-           | vered to street address)           | Room/suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |
|                         | ☐Final<br>return/         | 3948 S. THIRD STREET                                          |                                    | 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (904)686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |
| -                       | termin-<br>ated           | City or town, state or province, country, and Z               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G Gross receipts \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 114,273,713.                  |
|                         | Amend                     | ONCUSONATION DRUCH' LD                                        | 32250                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H(a) Is this a group re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
|                         | Applica<br>tion<br>pendin | F Name and address of principal officer. DITAL                |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ? Yes X No                    |
|                         | TI SOUTHER SAIL           | 10151 DEERWOOD PARK BLVD                                      |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H(b) Are all subordinates in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |
|                         |                           |                                                               | (insert no.) 4947(a)(1)            | or 527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The state of the s | list. (see instructions)      |
|                         |                           | e: PATRIOTSERVICES.ORG                                        |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H(c) Group exemptio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
|                         |                           | Organization, [22]                                            | ociation Other                     | L Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of formation: 2010 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A State of legal domicile; FL |
| Pa                      | art I                     | Summary                                                       | UESTA CHE                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| ø)                      | 1                         | Briefly describe the organization's mission or most s         | significant activities: TO P       | ROVIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AFFORDABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HOUSING                       |
| Activities & Governance |                           | AND ASSIST HOMELESS VETERA                                    |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOTICE AND DESCRIPTION OF THE PERSON OF THE  |                               |
| r a                     | 2                         | Check this box 🕨 🔲 if the organization discon                 |                                    | A STATE OF THE STA | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |
| ove                     | 10.000 10                 | Number of voting members of the governing body (I             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                             |
| Ğ                       | 4                         | Number of independent voting members of the government        | erning body (Part VI, line 1b)     | \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                             |
| SS                      | 5                         | Total number of individuals employed in calendar ye           | ear 2019 (Part V, line 2a)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                             |
| /itie                   | 6                         | Total number of volunteers (estimate if necessary)            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                             |
| cti                     | 7 a                       | Total unrelated business revenue from Part VIII, colu         | umn (C), line 12                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                            |
| _ <                     | b                         | Net unrelated business taxable income from Form 9             | 90-T, line 39                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                            |
|                         |                           |                                                               |                                    | <b>&gt;</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Prior Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current Year                  |
| Revenue                 | 8                         | Contributions and grants (Part VIII, line 1h)                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 256,043.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 67,434.                       |
|                         | 9                         | Program service revenue (Part VIII, line 2g)                  | A                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17,088,716.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17,593,843.                   |
| eve                     | 10                        | Investment income (Part VIII, column (A), lines 3, 4,         | and 7d)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18,047,288.                   |
| ď                       | 11                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,        | 9c, 10c, and 11e)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 372,923.                      |
|                         | 12                        | Total revenue - add lines 8 through 11 (must equal F          | Part VIII, column (A), line 12)    | *******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17,344,759.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36,081,488.                   |
| (4.7                    | 13                        | Grants and similar amounts paid (Part IX, column (A           | ), lines 1-3)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                            |
|                         | 14                        | Benefits paid to or for members (Part IX, column (A)          | , line 4)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                            |
| S                       | 15                        | Salaries, other compensation, employee benefits (P            | art IX, column (A), lines 5-10)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,781,215.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,752,705.                    |
| nse                     | 16a                       | Professional fundraising fees (Part IX, column (A), lir       | ne 11e)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                            |
| Expenses                | . b                       | Total fundraising expenses (Part IX, column (D), line         | 25) 790,4                          | 02.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| ú                       | 17                        | Other expenses (Part IX, column (A), lines 11a-11d,           | 11f-24e)                           | *******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17,715,019.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 31,841,864.                   |
|                         |                           | Total expenses. Add lines 13-17 (must equal Part IX           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20,496,234.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 34,594,569.                   |
|                         |                           | Revenue less expenses. Subtract line 18 from line 1           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -3,151,475.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1,486,919.                    |
| ts or                   | 9                         |                                                               |                                    | Ве                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eginning of Current Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | End of Year                   |
| sets                    | 20                        | Total assets (Part X, line 16)                                |                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 179,233,098.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 88,918,724.                   |
| Net Asset               | 21                        | Total liabilities (Part X, line 26)                           |                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 182,494,575.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 92,529,456.                   |
| Net                     | 22                        | Net assets or fund balances. Subtract line 21 from            | ine 20                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -3,261,477.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -3,610,732.                   |
|                         | art II                    | Signature Block                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| Und                     | der pena                  | Ities of perjury, I declare that I have examined this return, | including accompanying schedule    | s and statem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ents, and to the best of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y knowledge and belief, it is |
| true                    | , correc                  | t, and complete. Declaration of preparer (other than office   | ) is based on all information of w | hich preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | has any knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |
| 90                      |                           |                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
| Sig                     | ın                        | Signature of officer                                          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |
| He                      | re                        | SHANE CORMIER, DIRECTOR                                       | R & VICE CHAIR                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|                         |                           | Type or print name and title                                  |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|                         |                           | Print/Type preparer's name                                    | Preparer's signature               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PTIN                          |
| Pai                     | d                         | ROBERT D. ROSARIO                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L1/16/20 self-emplo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| Pre                     | parer                     | Firm's name SMOAK, DAVIS & N                                  |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Firm's EIN ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | **-***2635                    |
| Use                     | Only                      | Firm's address 5011 GATE PARKWAY                              |                                    | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|                         |                           | JACKSONVILLE, FL                                              | 32256-0562                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone no. 9 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4-396-5831                    |
| Ма                      | y the II                  | RS discuss this return with the preparer shown above          | /e? (see instructions)             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X Yes No                      |
| 932                     | 001 01-2                  | 0-20 LHA For Paperwork Reduction Act Notic                    | e, see the separate instruction    | ons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Form 990 (2019)               |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

932001 01-20-20

932002 01-20-20

2019.05000 PATRIOT SERVICES GROUP, I 4271.001

including grants of \$

31,426,318.

Other program services (Describe on Schedule O.)

Total program service expenses

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ..... X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ..... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Χ -17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II X Form 990 (2019) Form 990 (2019) IN AMERICA'S VETERANS FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

\*\*-\*\*\*0112 Page 4

| 1 41        | Continued)                                                                                                                                                                                                                           |            | Yes         | No     |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                        |            | 163         | 140    |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                          | 22         |             | X      |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                                                                                           |            |             |        |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                                       |            |             |        |
|             | Schedule J                                                                                                                                                                                                                           | 23         |             | X      |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                              |            |             |        |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                                   |            | 77          |        |
|             | Schedule K. If "No," go to line 25a                                                                                                                                                                                                  | 24a        | Х           | Х      |
|             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                    | 24b        |             | Λ      |
| C           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                                 | 04-        |             | х      |
|             | any tax-exempt bonds?                                                                                                                                                                                                                | 24c<br>24d |             | X      |
|             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                              | 240        |             | 21     |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                           | 25a        |             | х      |
| h           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                                                           | Lou        |             |        |
| b           | 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                                                                                                                                                                                                                   | 25b        |             | X      |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                                      |            |             |        |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                                                              |            |             |        |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                   | 26         |             | X      |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                                          |            |             |        |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                                          |            |             | 102001 |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                             | 27         |             | X      |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                                                                    |            |             |        |
|             | instructions, for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                         | THE ST     | No.         |        |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                                     | 100000     |             | 37     |
|             | "Yes," complete Schedule L, Part IV                                                                                                                                                                                                  | 28a        |             | X      |
|             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                                                      | 28b        |             | Δ      |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                                                                                                                            | 000        |             | x      |
| 00          | "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                        | 28c        |             | X      |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If Yes, "complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25         |             |        |
| 30          | contributions? If "Yes," complete Schedule M                                                                                                                                                                                         | 30         |             | X      |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                   | 31         |             | X      |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                                                     | -          |             |        |
| UZ          | Schedule N. Part II                                                                                                                                                                                                                  | 32         |             | x      |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                           |            |             |        |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                            | 33         | X           |        |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                                            |            |             |        |
|             | Part V, line 1                                                                                                                                                                                                                       | 34         |             | Х      |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                              | 35a        |             | X      |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                            |            |             |        |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                              | 35b        | _           | -      |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                           |            |             | 37     |
|             | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                        | 36         |             | X      |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                     | 0.7        |             | X      |
| 20          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?         | 37         | -           | - 22   |
| 38          | Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                        | 38         | x           |        |
| Pa          | rt V Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                       | 1 00       |             | 1      |
| 100 000 000 | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                           |            |             |        |
|             | 1                                                                                                                                                                                                                                    |            | Yes         | No     |
| 1a          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                         |            |             |        |
|             | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0                                                                                                                                                 |            | 11 - X - 12 |        |
|             | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                                   |            |             |        |
|             | (gambling) winnings to prize winners?                                                                                                                                                                                                | 1c         |             |        |
| 93200       | 4 01-20-20                                                                                                                                                                                                                           | Forn       | 990         | (2019  |

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Page 5

|     |                                                                                                                                                                                                   |      | Yes       | No     |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|--------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                       |      |           |        |
|     | filed for the calendar year ending with or within the year covered by this return                                                                                                                 |      |           |        |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                    | 2b   |           | X      |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                                         |      |           |        |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                     | За   |           | X      |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                       | 3b   |           |        |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                         |      |           | 0200   |
|     | 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).                                                                               |      | 1857 TI   |        |
| 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      |
| С   | 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                                                                       |      |           | v      |
| h   | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a   |           | X      |
| ы   |                                                                                                                                                                                                   | 6b   |           |        |
| 7   | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).                                                                                           | OD   | NIE R     |        |
| 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   | PAREN     | X      |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                   | 7b   |           |        |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                 | 1.5  |           |        |
|     | to file Form 8282?                                                                                                                                                                                | 7c   |           | X      |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                 | No.  | and a     | 5,215  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                   | 7e   |           |        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                      | 7f   |           |        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                  | 7g   |           |        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                | 7h   |           |        |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                              |      |           |        |
|     | sponsoring organization have excess business holdings at any time during the year?                                                                                                                | 8    |           |        |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                         |      |           | PHA.   |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                | 9a   |           |        |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                 | 9b   |           |        |
| 10  | Section 501(c)(7) organizations. Enter:                                                                                                                                                           |      |           |        |
| a   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                          |      |           |        |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                       |      |           |        |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                                                                          |      |           |        |
| a   | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against                                                                |      |           |        |
|     | amounts due or received from them.)                                                                                                                                                               |      |           |        |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                        | 12a  | 10000000  |        |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                             |      |           |        |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                  |      |           |        |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                              | 13a  |           |        |
|     | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                 | VS:  |           |        |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                  | W.   |           |        |
|     | organization is licensed to issue qualified health plans                                                                                                                                          |      |           |        |
| С   | Enter the amount of reserves on hand                                                                                                                                                              |      | Mark I    |        |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                        | 14a  |           | X      |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                         | 14b  |           |        |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                     |      |           |        |
|     | excess parachute payment(s) during the year?                                                                                                                                                      | 15   | Total San | X      |
| 16  | If "Yes," see instructions and file Form 4720, Schedule N.                                                                                                                                        | EA.P | 72 DA     | 77     |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.                                        | 16   |           | X      |
|     | 100, Complete Form Tr.Ed, Contocute C.                                                                                                                                                            | Form | 990       | (2019) |

IN AMERICA'S VETERANS FOUNDATION INC.

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

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

| Sec   | tion A. Governing Body and Management                                                                                                    |         |                         |          |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|----------|
|       | 1 . 1                                                                                                                                    |         | Yes                     | No       |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year                                                      |         |                         |          |
|       | If there are material differences in voting rights among members of the governing body, or if the governing                              |         |                         |          |
|       | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                    |         |                         |          |
| b     | Enter the number of voting members included on line 1a, above, who are independent                                                       |         | SEL                     |          |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                 |         |                         |          |
|       | officer, director, trustee, or key employee?                                                                                             | 2       |                         | X        |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct supervision                    |         |                         |          |
| 5000  | of officers, directors, trustees, or key employees to a management company or other person?                                              | 3       |                         | X        |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                         | 4       |                         | X        |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets?                               | 5       |                         | X        |
| 6     | Did the organization have members or stockholders?                                                                                       | 6       |                         | X        |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                           |         |                         |          |
|       | more members of the governing body?                                                                                                      | 7a      |                         | X        |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                       |         |                         |          |
|       | persons other than the governing body?                                                                                                   | 7b      |                         | X        |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:        | 200     |                         |          |
| а     | The governing body?                                                                                                                      | 8a      | X                       |          |
| b     | Each committee with authority to act on behalf of the governing body?                                                                    | 8b      | X                       |          |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                     |         |                         |          |
|       | organization's mailing address? If "Yes." provide the names and addresses on Schedule O                                                  | 9       |                         | X        |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                         |         |                         |          |
|       | THIS DECIDIT B requests information about policies for residing by the internal residing season                                          |         | Yes                     | No       |
| 102   | Did the organization have local chapters, branches, or affiliates?                                                                       | 10a     |                         | X        |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,               |         |                         |          |
| , s   | and branches to ensure their operations are consistent with the organization's exempt purposes?                                          | 10b     |                         |          |
| 11a   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                    | 11a     | Х                       |          |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                            |         |                         | 1345     |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                  | 12a     | Х                       |          |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?      | 12b     | Х                       |          |
| C     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                       |         |                         |          |
|       | in Schedule O how this was done                                                                                                          | 12c     | Х                       |          |
| 13    | Did the organization have a written whistleblower policy?                                                                                | 13      | Х                       |          |
| 14    | Did the organization have a written document retention and destruction policy?                                                           | 14      | Х                       |          |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent                       | METERS. |                         | - 01     |
| 15    | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                        |         |                         |          |
| _     | The organization's CEO, Executive Director, or top management official                                                                   | 15a     | х                       |          |
| 101   |                                                                                                                                          | 15b     | X                       |          |
| b     | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100     |                         | E N      |
| 160   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                    |         |                         | Harris . |
| 108   | taxable entity during the year?                                                                                                          | 16a     | The same of the same of | X        |
| h     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation             | ,ou     | 198                     | 9150     |
| b     | 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     |                         |          |
| Sec   | tion C. Disclosure                                                                                                                       | 1.02    |                         |          |
| 17    | List the states with which a copy of this Form 990 is required to be filed NONE                                                          |         |                         |          |
| 18    | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3           | s only) | availa                  | ble      |
| 10    | for public inspection. Indicate how you made these available. Check all that apply.                                                      | ,       |                         |          |
|       | X Own website Another's website X Upon request Other (explain on Schedule O)                                                             |         |                         |          |
| 10    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an           | d finan | cial                    |          |
| 19    | statements available to the public during the tax year.                                                                                  | . miuli | Jiul                    |          |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and records                           |         |                         |          |
| 20    | JEREMY SMITH - 850-766-9650                                                                                                              |         |                         |          |
|       |                                                                                                                                          | 3225    | 6                       |          |
| 93200 | 10151 DHIKWOOD 17MK BHVB: BHBG 300, BH 300, GREENER, 12                                                                                  |         |                         | (2019    |

\*\*-\*\*\*0112 IN AMERICA'S VETERANS FOUNDATION INC.

| 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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| X Check this box if neither the organization ne | or any related o                                                             | orga                                       | niza                  | tion            | con          | npen                             | sate        | ed any current officer, d                      | irector, or trustee.                             |                                                                                   |
|-------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|-----------------------|-----------------|--------------|----------------------------------|-------------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| (A)<br>Name and title                           | (B)<br>Average<br>hours per                                                  | Position (do not check in box, unless pers |                       |                 |              | l<br>than o                      | one<br>n an | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of                                                     |
|                                                 | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director                           | Institutional trustee | Officer Officer | Key employee | Highest compensated and employee | tee)        | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) CHRISTOPHER A. WALKER, ESQ<br>SECRETARY     | 2.00                                                                         | х                                          |                       | х               |              | 1                                |             | 0.                                             | 0.                                               | 0.                                                                                |
| (2) SHANE CORMIER, CPA                          | 2.00                                                                         |                                            |                       |                 | 4            | 1                                | -           |                                                |                                                  |                                                                                   |
| DIRECTOR                                        | 0.00                                                                         | X                                          |                       | X               |              |                                  |             | 0.                                             | 0.                                               | 0.                                                                                |
| (3) CHERYL LAU, ESQ<br>DIRECTOR                 | 2.00                                                                         | x                                          |                       | (Dec            |              |                                  |             | 0.                                             | 0.                                               | 0.                                                                                |
| (4) JIM DOZIER                                  | 2.00                                                                         | 21                                         | 4                     |                 |              |                                  |             |                                                |                                                  | 7)                                                                                |
| DIRECTOR                                        |                                                                              | X                                          | 1                     | _               | 1            | 1                                |             | 0.                                             | 0.                                               | 0.                                                                                |
| (5) CHRISTOPHER DENNIS                          | 2.00                                                                         | X                                          |                       | 7               | 1            |                                  |             | 0.                                             | 0.                                               | 0                                                                                 |
| OIRECTOR (6) MATT MERRIT, CPA                   | 2.00                                                                         | Δ                                          | -                     |                 | 7            |                                  |             | 0.                                             | 0.                                               | 0.                                                                                |
| DIRECTOR                                        | 2,000                                                                        | X                                          |                       | V               |              |                                  |             | 0.                                             | 0.                                               | 0.                                                                                |
| (7) PAUL ANDERSON                               | 2.00                                                                         | 1                                          | V                     |                 |              |                                  |             |                                                |                                                  |                                                                                   |
| DIRECTOR                                        | 3                                                                            | X                                          |                       |                 |              |                                  |             | 0.                                             | 0.                                               | 0.                                                                                |
| <u> </u>                                        |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
|                                                 |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |
| 4                                               |                                                                              |                                            |                       |                 |              |                                  |             |                                                |                                                  |                                                                                   |

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Form 990 (2019)

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| * * * | 0112 | Page 8   |

|       | 990 (2019) IN AMERIC                                                                            | CA'S VET                                 | 'ER                            | ANS                    | S :             | FO           | UN                           | DA      | MOIT      | INC.                           | **_**                         | * 0.1     | 112         | Pa             | age 8 |
|-------|-------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|------------------------|-----------------|--------------|------------------------------|---------|-----------|--------------------------------|-------------------------------|-----------|-------------|----------------|-------|
| Par   | VII Section A. Officers, Directors, Trus                                                        | tees, Key Emp                            | loye                           | ees, a                 | and             | Hig          | ghes                         | t-C     | ompensa   | ted Employee                   | s (continued)                 |           |             |                |       |
|       | (A)                                                                                             | (B)                                      |                                | 2=                     | (0              |              |                              |         |           | (D)                            | (E)                           |           |             | (F)            |       |
|       | Name and title                                                                                  | Average                                  | (do                            | not che                | osit            |              |                              | ne      |           | portable                       | Reportable                    |           |             | imate          |       |
|       |                                                                                                 | hours per                                |                                | unless                 |                 |              |                              |         |           | pensation                      | compensation                  |           |             | ount o         | of    |
|       |                                                                                                 | week<br>(list any                        | -                              |                        | T               |              |                              | ,       | 1         | from<br>the                    | from related<br>organizations |           |             | other<br>oensa | tion  |
|       |                                                                                                 | hours for                                | direct                         |                        | - 1             |              | ъ                            |         | orga      | anization                      | (W-2/1099-MIS                 | Section 1 |             | om the         |       |
|       |                                                                                                 | related                                  | ee or                          | ıstee                  |                 |              | ensate                       |         |           | 099-MISC)                      | 13.1                          |           | orga        | anizati        | ion   |
|       |                                                                                                 | organizations                            | l trus                         | nal tri                |                 | oyee         | e e                          |         |           |                                |                               |           |             | relate         |       |
|       |                                                                                                 | below<br>line)                           | Individual trustee or director | institutional trustee  | Officer Officer | Key employee | Highest compensated employee | Former  |           |                                |                               |           | orga        | nizatio        | ons   |
|       |                                                                                                 | ilite)                                   | PE .                           | IIIS                   | # E             | Ke           | Hig                          | 5       | -         |                                | _                             | -         |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                | ATTENDA                       |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        | $\dashv$        |              |                              |         |           | A                              |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        | 4               |              |                              |         |           | <                              |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         | 100       | 7 705                          |                               |           |             |                |       |
|       |                                                                                                 |                                          | H                              | $\vdash$               | $\dashv$        |              |                              |         |           | -                              |                               | $\dashv$  |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              | de.     | 10        |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              | A                            | 7       |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 | 4            |                              | -       |           |                                |                               |           |             |                |       |
| 1b    | Subtotal                                                                                        |                                          |                                |                        | 10000           | 7            |                              | <b></b> |           | 0.                             |                               | 0.        |             |                | 0.    |
| С     | Total from continuation sheets to Part VI                                                       | I, Section A                             |                                | A                      | 246             |              |                              |         |           | 0.                             |                               | 0.        |             |                | 0.    |
|       | Total (add lines 1b and 1c)                                                                     |                                          |                                | Control of the Control |                 |              | Particular Contract          |         |           | 0.                             |                               | 0.        |             |                | 0.    |
| 2     | Total number of individuals (including but n                                                    | ot limited to th                         | ose                            | listec                 | d ab            | ove          | ) wh                         | o re    | eceived m | ore than \$100                 | ,000 of reportable            | III.      |             |                |       |
|       | compensation from the organization                                                              |                                          | 45                             | 1                      | <b>F</b>        | 1            | b                            |         |           |                                |                               |           |             |                | 0     |
| 112   |                                                                                                 |                                          |                                | W.                     | 1               | 7            |                              | 46% F   | 4 2       | 2. 2                           |                               | 1         |             | Yes            | No    |
| 3     | Did the organization list any former officer,                                                   |                                          | -                              | 1000                   | -               |              |                              |         |           |                                |                               |           |             |                | х     |
| 4     | line 1a? If "Yes," complete Schedule J for s<br>For any individual listed on line 1a, is the su |                                          |                                | APRIL 2                |                 |              |                              |         |           |                                | he organization               |           | 3           | 1000           | Λ     |
| (ATT) | and related organizations greater than \$150                                                    |                                          | - 36                           | 1007                   |                 |              |                              |         |           |                                |                               |           | 4           |                | Х     |
| 5     | Did any person listed on line 1a receive or a                                                   |                                          |                                |                        |                 |              |                              |         |           |                                |                               | 12.000    | A COLO      |                | 450   |
|       | rendered to the organization? If "Yes." com                                                     |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           | 5           |                | Х     |
| Sec   | tion B. Independent Contractors                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
| 1     | Complete this table for your five highest co                                                    |                                          |                                |                        |                 |              |                              |         |           |                                |                               | ensat     | tion fro    | m              |       |
|       | the organization. Report compensation for                                                       | the calendar y                           | ear e                          | ending                 | g wi            | ith c        | or wi                        | thin    | the orgai |                                | rear.                         |           | 10          |                |       |
|       | (A)<br>Name and business                                                                        | address                                  | M                              | ONE                    |                 |              |                              |         |           | ( <b>B)</b><br>Description of: | services                      | С         | (C<br>omper |                | n     |
|       |                                                                                                 | VQT ************************************ |                                |                        | _               |              |                              |         |           |                                | 3.000 30 4.000 50 4.00        |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
| (     |                                                                                                 |                                          |                                |                        |                 |              |                              | -       |           |                                |                               |           |             |                |       |
| /     |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           |             |                |       |
| 2     | Total number of independent contractors (i                                                      | 1 1976.                                  | ot lii                         | mited                  | l to 1          |              | _                            | ted     | above) w  | ho received m                  | ore than                      |           | 9 8 7 9     |                |       |
|       | \$100,000 of compensation from the organi                                                       | zation                                   |                                |                        | _               | (            | 0                            |         |           |                                |                               |           | Form        | 990            | (2010 |
|       |                                                                                                 |                                          |                                |                        |                 |              |                              |         |           |                                |                               |           | I OIIII     |                | 2019  |

|                                                           |          | Check if Schedule O contains a response o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r note to any line | e in this Part VIII  |                                        | ·····                                |                                                          |
|-----------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|----------------------------------------|--------------------------------------|----------------------------------------------------------|
|                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ts s                                                      | 1 a      | Federated campaigns 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | Mark Edition         |                                        |                                      |                                                          |
| Contributions, Girts, Grants<br>and Other Similar Amounts | b        | Membership dues 1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                      |                                        |                                      |                                                          |
| , E                                                       | С        | Fundraising events 1c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                      |                                        |                                      |                                                          |
| ar                                                        | d        | Related organizations 1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                      |                                        |                                      |                                                          |
| ini.                                                      | е        | Government grants (contributions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                      |                                        |                                      |                                                          |
| S                                                         | f        | All other contributions, gifts, grants, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                      |                                        |                                      |                                                          |
| <b>a</b>                                                  |          | similar amounts not included above 1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 67,434.            |                      |                                        |                                      |                                                          |
| d                                                         | g        | Noncash contributions included in lines 1a-1f 1g \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                      |                                        |                                      |                                                          |
| <u> </u>                                                  | h        | Total. Add lines 1a-1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>&gt;</b>        | 67,434.              |                                        | <b>建筑</b>                            |                                                          |
|                                                           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Code      | 45.055.540           | 45 056 540                             |                                      |                                                          |
| <u>ဗ</u>                                                  | 2 a      | Consideration to the construction of the const | 531110             | 17,057,548.          | 17,057,548.                            | 7                                    |                                                          |
| Program Service<br>Revenue                                | b        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 531110             | 536,295.             | 536,295.                               |                                      |                                                          |
| Ven o                                                     | c        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                      |                                        | V                                    |                                                          |
| Be                                                        | C        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |                                        |                                      |                                                          |
| 2                                                         | f        | All other program service revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                      | CONTRACT OF                            |                                      |                                                          |
|                                                           |          | Total. Add lines 2a-2f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>•</b>           | 17,593,843.          |                                        |                                      | 50 King (2)                                              |
| $\neg$                                                    | 3        | Investment income (including dividends, interes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      | Y                                      |                                      |                                                          |
|                                                           |          | other similar amounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | 89,513.              |                                        |                                      | 89,513                                                   |
|                                                           | 4        | Income from investment of tax-exempt bond pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                      |                                        |                                      |                                                          |
|                                                           | 5        | Royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | A                    |                                        |                                      |                                                          |
|                                                           |          | (i) Real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (ii) Personal      |                      |                                        |                                      |                                                          |
|                                                           | 6 a      | a Gross rents 6a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                      |                                        |                                      |                                                          |
|                                                           |          | Less: rental expenses 6b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                      |                                        |                                      |                                                          |
|                                                           | C        | Rental income or (loss) 6c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 100                |                      |                                        |                                      |                                                          |
|                                                           | c        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                      |                                        |                                      |                                                          |
|                                                           | 7 a      | a Gross amount from sales of (i) Securities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (ii) Other         |                      |                                        |                                      |                                                          |
|                                                           |          | assets other than inventory 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 96,150,000.        |                      |                                        |                                      |                                                          |
|                                                           | b        | Less: cost or other basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      |                                        |                                      |                                                          |
| nue                                                       |          | and sales expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 78,192,225.        |                      |                                        |                                      |                                                          |
| i ve                                                      |          | Gain or (loss) 7c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17,957,775.        | 45.055.55            |                                        | 0.415,000                            | 45 055 555                                               |
| Ğ.                                                        |          | d Net gain or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | 17,957,775.          |                                        | 10.5 THE RESERVE                     | 17,957,775                                               |
| Other Revenue                                             |          | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                      |                                        |                                      |                                                          |
|                                                           | k<br>c   | Programme and the programme of the progr |                    |                      |                                        |                                      |                                                          |
|                                                           |          | a Gross income from gaming activities. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                      |                                        | Witte Table                          | SEVERY RELEASE                                           |
|                                                           | aster (S | Part IV, line 19 9a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                      |                                        |                                      |                                                          |
|                                                           | k        | Less: direct expenses 9b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                      |                                        |                                      |                                                          |
|                                                           |          | Net income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                      |                                        |                                      |                                                          |
| - 1                                                       | 10 a     | a Gross sales of inventory, less returns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                      |                                        |                                      |                                                          |
|                                                           |          | and allowances 10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7,400.             |                      |                                        |                                      |                                                          |
|                                                           |          | Less: cost of goods sold 10b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Water                | MARKET STATE                           |                                      |                                                          |
| $\perp$                                                   | C        | Net income or (loss) from sales of inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 7,400.               | 7,400.                                 |                                      |                                                          |
| <u></u>                                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Code      |                      |                                        |                                      |                                                          |
| Miscellaneous<br>Revenue                                  | 11 a     | OTHER INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 900099             | 365,523.             | 365,523.                               | -                                    | -                                                        |
| ent                                                       | k        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                      |                                        |                                      | -                                                        |
| Rev                                                       |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |                                        |                                      |                                                          |
| ž                                                         |          | d All other revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 365 503              |                                        |                                      |                                                          |
|                                                           | Control  | e Total. Add lines 11a-11d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | 365,523.             | 17 000 700                             |                                      | 10 047 000                                               |
|                                                           | 12       | Total revenue. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 36,081,488.          | 17,966,766.                            | 0,                                   | 18,047,288<br>Form <b>990</b> (201                       |

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 (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,555,614. 1,021,869. 1,278,121. 255,624. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 105,310. 42,124. 52,655. 10,531. 9 91,781. 37,089. 45,577. 9,115. Payroll taxes 10 Fees for services (nonemployees): 11 782,218. 435,778. 782,218. a Management 305,045. 108,944. 21,789. b Legal 49,000 49,000. c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,002,437. 2,002,437. column (A) amount, list line 11g expenses on Sch O.) 77,818. 77,818. Advertising and promotion 12 25,805. 25,805. Office expenses 13 20,014. Information technology 20,014. 14 15 Royalties 409,694. 409,694. Occupancy 16 56,012. 51,902. 2,055. 2,055. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,561,370. 10,561,370. 20 Payments to affiliates 21 9,023,833. 9,023,833. 22 Depreciation, depletion, and amortization 413,470. 413,470. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,037,799. 3,037,799. a UTILITIES AND CONTRACTE 2,644,464. b REAL ESTATE TAXES 2,644,464. c REPAIRS AND MAINTENANCE 693,545. 693,545. 464,857. d TRUSTEE AND ISSUER FEES 464,857. 1,143,750. 662,947. 480,803. e All other expenses 31,426,318. 2,377,849. 34,594,569. 790,402. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

\*\*-\*\*\*0112

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Form 990 (2019)

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 12,181,243. 7,155,478. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 562,274. 205,395. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 218,006. 7 Inventories for sale or use 652,087. 268,762. 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other \_\_\_\_10a 85,934,143. basis. Complete Part VI of Schedule D 4,977,590. 165,829,463. 80,956,553. Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 8,031. 114,530. Other assets. See Part IV, line 11 15 15 179,233,098. 88,918,724. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,857,568. 2,759,257. Accounts payable and accrued expenses 17 17 18 Grants payable ..... 18 869,479. 156,936. 19 Deferred revenue 19 175,844,528. 89,242,744. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 1,923,000. 0. controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 370,519. 182,494,575. 92,529,456. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions ..... 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 0. 29 0. 0. 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 Retained earnings, endowment, accumulated income, or other funds -3,261,477. 31 -3,610,732.31 Total net assets or fund balances -3,261,477. 32 -3,610,732.Total liabilities and net assets/fund balances 179,233,098. 88,918,724.

Form 990 (2019)

Form 990 (2019)

|     | 990 (2019) IN AMERICA'S VETERANS FOUNDATION INC.                                                                       | **_    | ***0112          | Pa  | ige 12 |
|-----|------------------------------------------------------------------------------------------------------------------------|--------|------------------|-----|--------|
| Pai | t XI Reconciliation of Net Assets                                                                                      |        |                  |     |        |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                            |        | **************** |     |        |
|     |                                                                                                                        |        |                  |     |        |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)                                                              | 1      | 36,08            |     |        |
| 2   | Total expenses (must equal Part IX, column (A), line 25)                                                               | 2      | 34,59            | 4,5 | 69.    |
| 3   | Revenue less expenses. Subtract line 2 from line 1                                                                     | 3      | 1,48             |     |        |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                              | 4      | -3,26            | 1,4 | 77.    |
| 5   | Net unrealized gains (losses) on investments                                                                           | 5      |                  |     |        |
| 6   | Donated services and use of facilities                                                                                 | 6      |                  |     |        |
| 7   | Investment expenses                                                                                                    | 7      |                  |     |        |
| 8   | Prior period adjustments                                                                                               | 8      | -1,83            | 6,1 |        |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)                                                   | 9      |                  |     | 0.     |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                     |        |                  |     |        |
|     | column (B))                                                                                                            | 10     | -3,61            | 0,7 | 32.    |
| Pa  | t XII Financial Statements and Reporting                                                                               |        |                  |     | 70-1-1 |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                           |        |                  |     | X      |
|     |                                                                                                                        |        |                  | Yes | No     |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other                                                   | 5      | 58.0             |     |        |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O       |        |                  |     |        |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                        |        | 2a               |     | X      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of     | n a    |                  |     |        |
|     | separate basis, consolidated basis, or both:                                                                           |        |                  |     |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                                 |        |                  |     | PEG.   |
| b   | Were the organization's financial statements audited by an independent accountant?                                     |        | 2b               |     | X      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by    | oasis, |                  |     |        |
|     | consolidated basis, or both:                                                                                           |        |                  |     |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                                 |        | 15-58            |     | 161    |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a   |        | 200              |     |        |
|     | review, or compilation of its financial statements and selection of an independent accountant?                         |        | 2c               |     |        |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Sched    |        |                  |     |        |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single |        |                  |     |        |
|     | Act and OMB Circular A-133?                                                                                            |        | 3a               |     | X      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require   |        |                  |     |        |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                               |        | 3b               |     |        |

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

PATRIOT SERVICES GROUP, INC F/K/A INVEST

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*0112 IN AMERICA'S VETERANS FOUNDATION INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 IN AMERICA'S VETERANS FOUNDATION INC. \*\*-\*\*\*0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) \*\*-\*\*\*0112 Page 2

(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.)

| Sec   | ction A. Public Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Schedule A (Form 990 or 990-EZ) 2019 IN AMERICA'S VETERANS FOUNDATION INC.

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

\*\*-\*\*\*0112 Page 3

(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

| Se   | qualify under the tests listed b                                                                                                                                         | elow, please comp   | olete Part II.)                       | - 1800 - Delitor Villenia | 279-0 279-00-00-00-00-00-00-00-00-00-00-00-00-00 | occupantine visionalists of the son | Ti and the second secon |
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| _    | ndar year (or fiscal year beginning in)                                                                                                                                  | (a) 2015            | (b) 2016                              | (c) 2017                  | (d) 2018                                         | (-) 2010                            | (6) Tatal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      | Gifts, grants, contributions, and                                                                                                                                        | (a) 2010            | (6) 2010                              | (6) 2017                  | (a) 2016                                         | (e) 2019                            | (f) Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      | membership fees received. (Do not                                                                                                                                        |                     |                                       |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | include any "unusual grants.")                                                                                                                                           | 283.187.            | 322,594.                              | 111,836.                  | 256,043.                                         | 67,434.                             | 1041094.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                     | -10,805.                              | 11,056.                   | 230,0130                                         | 7,400.                              | 432.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3    | Gross receipts from activities that are not an unrelated trade or bus-                                                                                                   |                     |                                       |                           | A                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | iness under section 513                                                                                                                                                  |                     |                                       | 9024275.                  | 16999869.                                        | 17959366.                           | 43983510.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf                                                                  |                     |                                       |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |                     |                                       |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6    | Total. Add lines 1 through 5                                                                                                                                             | 275,968.            | 311,789.                              | 9147167.                  | 17255912.                                        | 18034200.                           | 45025036.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      | Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received                                                      |                     |                                       |                           |                                                  |                                     | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|      | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                                                      |                     |                                       |                           |                                                  |                                     | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| c    | Add lines 7a and 7b                                                                                                                                                      |                     |                                       |                           |                                                  |                                     | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8    | Public support. (Subtract line 7c from line 6.)                                                                                                                          |                     |                                       | O LEGIS                   |                                                  |                                     | 45025036.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sec  | ction B. Total Support                                                                                                                                                   |                     | / / / / / / / / / / / / / / / / / / / |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cale | ndar year (or fiscal year beginning in) 🕨                                                                                                                                | (a) 2015            | (b) 2016                              | (c) 2017                  | (d) 2018                                         | (e) 2019                            | (f) Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                      | 275,968.            | 311,789.                              | 9147167.                  | 17255912.                                        | 18034200.<br>89,513.                | 45025036.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |                     |                                       | (3)                       |                                                  | 69,513.                             | 89,513.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11   | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is                                            | ()                  |                                       |                           |                                                  | 89,513.                             | 89,513.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12   | regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                     |                     |                                       |                           | 1                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                           | 275,968.            | 311,789.                              |                           | 17255912.                                        | 18123713.                           | 45114549.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 14   | First five years. If the Form 990 is for                                                                                                                                 | the organization's  | first, second, third                  | d, fourth, or fifth ta    | x year as a section                              | 501(c)(3) organiza                  | ition,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|      | check this box and stop here                                                                                                                                             |                     |                                       |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | tion C. Computation of Public                                                                                                                                            | c Support Per       | centage                               |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Public support percentage for 2019 (li                                                                                                                                   |                     |                                       | olumn (f))                |                                                  | 15                                  | 99.80 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 16   | Public support percentage from 2018                                                                                                                                      | Schedule A, Part I  | II, line 15                           |                           |                                                  |                                     | 100.00 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|      | tion D. Computation of Inves                                                                                                                                             |                     |                                       |                           |                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17   | Investment income percentage for 20                                                                                                                                      | 19 (line 10c, colum | nn (f), divided by lir                | ne 13, column (f))        |                                                  | 17                                  | .20 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 18   | Investment income percentage from 2                                                                                                                                      | 2018 Schedule A, I  | Part III, line 17                     | *********************     | *********                                        | 18                                  | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19a  | 33 1/3% support tests - 2019. If the                                                                                                                                     | organization did n  | ot check the box o                    | n line 14, and line       | 15 is more than 33                               | 3 1/3%, and line 17                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | more than 33 1/3%, check this box an                                                                                                                                     | d stop here. The    | organization qualif                   | ies as a publicly su      | pported organizat                                | ion                                 | > [32]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| b    | 33 1/3% support tests - 2018. If the                                                                                                                                     | organization did ne | ot check a box on                     | line 14 or line 19a,      | and line 16 is mor                               | re than 33 1/3%, a                  | nd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|      | line 18 is not more than 33 1/3%, chec                                                                                                                                   | ck this box and sto | p here. The organ                     | nization qualifies as     | s a publicly suppo                               | rted organization                   | ▶□                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 20   | Private foundation. If the organization                                                                                                                                  | n did not check a b | oox on line 14, 19a                   | ı, or 19b, check thi      | is box and see inst                              | ructions                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | 3 09-25-19                                                                                                                                                               |                     | 9 828                                 |                           |                                                  | dule A (Form 990                    | or 990-EZ) 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

|           | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No         |
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|           | 13.15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
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| 3a        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| 3b        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| 3c        | VALUE OF THE PARTY |            |
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| 10        | A YOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
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| _4b       | S. Inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20 8 11 25 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
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| 9a        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|           | 486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| 9b        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 9c        | LESSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          |
| 30        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 10a       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 10b       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1500       |
| 990 or 99 | 0-EZ)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2019       |

| Sch    | edule A (Form 990 or 990-EZ) 2019 IN AMERICA'S VETERANS FOUNDATION INC. **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -***011      | L2 P      | age 5 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|-------|
| Pa     | rt IV Supporting Organizations (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |           |       |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Yes       | No    |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |           |       |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |           |       |
|        | below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11a          |           |       |
|        | A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11b          |           |       |
| C      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11c          |           |       |
| Sec    | ction B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |           |       |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Yes       | No    |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A            | 1810      |       |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |           |       |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |           |       |
|        | controlled the organization's activities. If the organization had more than one supported organization,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |           |       |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |           |       |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1            |           |       |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | T Section |       |
|        | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |           |       |
| Sec    | ction C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2            |           |       |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | \ \ \ -   |       |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100 M = 3    | Yes       | No    |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |           |       |
|        | or management of the supporting expenies in a supporting expenies in the support in the su |              |           |       |
|        | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |           |       |
| Sec    | tion D. All Type III Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1            |           |       |
|        | assistant Type in Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | L         |       |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SE 2         | Yes       | No    |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4.43         | Z = T     |       |
|        | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | V.S.C.J.  |       |
| 2      | Were any of the organization's efficace directors or the date of notification, to the extent not previously provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1            |           |       |
| ~      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |           |       |
| 3      | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2            |           |       |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |           |       |
|        | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |           |       |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |           |       |
| Sec    | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3            |           |       |
| 1      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |           |       |
|        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ons).        |           |       |
| a<br>b | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |           |       |
| C      | The organization supported a governmental active and a supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |           |       |
| 2      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | instructions |           |       |
| a      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Yes       | No    |
| u      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | 100       |       |
|        | that these activities constituted substantially all of its activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2a           |           |       |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | G.        |       |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |           |       |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |           |       |
|        | activities but for the organization's involvement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2b           |           |       |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |           |       |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |           |       |
| i.     | trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3a           |           |       |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | 15 30     |       |
| 00000  | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3b           |           |       |
| 932025 | 5 09-25-19 Schedule A (For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | m 990 or 99  | 0-EZ)     | 2019  |

|           | dule A (Form 990 or 990-EZ) 2019 IN AMERICA'S VETERANS FO                                       |           |                               | *_***0112 Page 6               |
|-----------|-------------------------------------------------------------------------------------------------|-----------|-------------------------------|--------------------------------|
| 100011000 |                                                                                                 |           |                               | 11/0 A 1                       |
| 1         | Check here if the organization satisfied the Integral Part Test as a qualifying                 |           |                               | art VI). See instructions. All |
| _         | other Type III non-functionally integrated supporting organizations must com-                   | iplete Se | ections A through E.          |                                |
| Sect      | ion A - Adjusted Net Income                                                                     |           | (A) Prior Year                | (B) Current Year<br>(optional) |
| _1_       | Net short-term capital gain                                                                     | 1         |                               |                                |
| 2         | Recoveries of prior-year distributions                                                          | 2         |                               |                                |
| _3_       | Other gross income (see instructions)                                                           | 3         |                               |                                |
| 4         | Add lines 1 through 3.                                                                          | 4         |                               |                                |
| 5         | Depreciation and depletion                                                                      | 5         |                               |                                |
| 6         | Portion of operating expenses paid or incurred for production or                                |           |                               |                                |
|           | collection of gross income or for management, conservation, or                                  | 1 1       |                               |                                |
|           | maintenance of property held for production of income (see instructions)                        | 6         | ATTEN                         |                                |
| 7         | Other expenses (see instructions)                                                               | 7         |                               |                                |
| 8         | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                    | 8         |                               |                                |
| Sect      | ion B - Minimum Asset Amount                                                                    |           | (A) Prior Year                | (B) Current Year (optional)    |
| 1         | Aggregate fair market value of all non-exempt-use assets (see                                   |           |                               |                                |
|           | instructions for short tax year or assets held for part of year):                               |           |                               |                                |
| а         | Average monthly value of securities                                                             | 1a        |                               |                                |
| b         | Average monthly cash balances                                                                   | 1b        |                               | <del></del>                    |
| С         | Fair market value of other non-exempt-use assets                                                | 10        | <b>A</b>                      |                                |
| d         | Total (add lines 1a, 1b, and 1c)                                                                | 1d        |                               |                                |
| е         | Discount claimed for blockage or other                                                          |           |                               |                                |
|           | factors (explain in detail in Part VI):                                                         |           |                               |                                |
| 2         | Acquisition indebtedness applicable to non-exempt-use assets                                    | 2         |                               |                                |
| 3         | Subtract line 2 from line 1d.                                                                   | 3         |                               |                                |
| 4         | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | -         |                               |                                |
| 5         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                | 5         |                               |                                |
| 6         | Multiply line 5 by .035.                                                                        | 6         | ,                             |                                |
| 7         | Recoveries of prior-year distributions                                                          | 7         |                               |                                |
| 8         | Minimum Asset Amount (add line 7 to line 6)                                                     | 8         |                               |                                |
|           | Millimulti Asset Amount (add line 7 to line o)                                                  | 1 0       |                               |                                |
| Sect      | ion C - Distributable Amount                                                                    |           |                               | Current Year                   |
| _1_       | Adjusted net income for prior year (from Section A, line 8, Column A)                           | 1         |                               |                                |
| _2_       | Enter 85% of line 1.                                                                            | 2         |                               |                                |
| _3_       | Minimum asset amount for prior year (from Section B, line 8, Column A)                          | 3         |                               |                                |
| 4         | Enter greater of line 2 or line 3.                                                              | 4         |                               | 70                             |
| 5         | Income tax imposed in prior year                                                                | 5         |                               |                                |
| 6         | Distributable Amount. Subtract line 5 from line 4, unless subject to                            |           |                               |                                |
|           | emergency temporary reduction (see instructions).                                               | 6         |                               |                                |
| 7         | Check here if the current year is the organization's first as a non-functionally                | integrat  | ted Type III supporting organ | ization (see                   |
|           | instructions).                                                                                  |           |                               |                                |

Schedule A (Form 990 or 990-EZ) 2019

|          | rt V   Type III Non-Functionally Integrated 509(                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | *-***0112 Page 7                          |
|----------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| Sect     | ion D - Distributions                                           | 77 11 5 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Continuca                              | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exer      | mpt purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | Odifelit fedi                             |
| 2        | Amounts paid to perform activity that directly furthers exemp   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | organizations, in excess of income from activity                | - p - p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                           |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | <u> </u>                                  |
| 4        | Amounts paid to acquire exempt-use assets                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 5        | Qualified set-aside amounts (prior IRS approval required)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 6        | Other distributions (describe in Part VI). See instructions.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 7        | Total annual distributions. Add lines 1 through 6.              | (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                           |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                           |
|          | (provide details in Part VI). See instructions.                 | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                           |
| 9        | Distributable amount for 2019 from Section C, line 6            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                                      |                                           |
| 10       | Line 8 amount divided by line 9 amount                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | <u> </u>                                  |
|          | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1        | Distributable amount for 2019 from Section C, line 6            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 2        | Underdistributions, if any, for years prior to 2019 (reason-    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | able cause required- explain in Part VI). See instructions.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 3        | Excess distributions carryover, if any, to 2019                 | THE REPORT OF THE PARTY OF THE  | <b>一人</b>                              |                                           |
| а        | From 2014                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | NYAU ESPARA                               |
| b        | From 2015                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| С        | From 2016                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A REAL PROPERTY.                       |                                           |
| d        | From 2017                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| е        | From 2018                                                       | TOTAL CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                           |
| f        | Total of lines 3a through e                                     | 179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                           |
|          | Applied to underdistributions of prior years                    | MAN YER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                           |
|          | Applied to 2019 distributable amount                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| i        | Carryover from 2014 not applied (see instructions)              | ATTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                           |
| i        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                           |
| 4        | Distributions for 2019 from Section D,                          | MA YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                           |
|          | line 7: \$                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| а        | Applied to underdistributions of prior years                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| b        | Applied to 2019 distributable amount                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| с        | Remainder. Subtract lines 4a and 4b from 4.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 5        | Remaining underdistributions for years prior to 2019, if        | A SECTION OF THE SECT |                                        |                                           |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | than zero, explain in Part VI. See instructions.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | and 4b from line 1. For result greater than zero, explain in    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | Part VI. See instructions.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| 7        | Excess distributions carryover to 2020. Add lines 3j            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
|          | and 4c.                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| _8_      | Breakdown of line 7:                                            | Victor of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                           |
| a        | Excess from 2015                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| b        | Excess from 2016                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| c        | Excess from 2017                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| d        | Excess from 2018                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |
| <u>e</u> | Excess from 2019                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ) 2019 IN AMERICA'S VETERANS FOUNDATION INC. **-***01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12 Page 8 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Part VI    | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1 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 B, lines 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 1c 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.) | 2;        |
|            | Tese mendensis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
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# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

PATRIOT SERVICES GROUP, INC F/K/A INVEST IN AMERICA'S VETERANS FOUNDATION INC.

Employer identification number

\*\*-\*\*\*0112

| Organization type (check one). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
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| Filers of:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Section:                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Form 990                       | or 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X 501(c)( 3 ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| Form 990-                      | PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| E                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Check if yo                    | our 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 R                      | ule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.                                                                                                                                                                             |  |  |  |
| Special R                      | ules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| s                              | ections 509(a)(1) ar<br>ny one contributor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 a 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; line 1. Complete Parts I and II. |  |  |  |
| y                              | 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.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| y<br>is<br>p                   | 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 |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| but it mus                     | t answer "No" on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                   |  |  |  |

Name of organization
PATRIOT SERVICES GROUP, INC F/K/A INVEST
IN AMERICA'S VETERANS FOUNDATION INC.

Employer identification number

\*\*-\*\*\*0112

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 1          | CHRIS & BECKY WALKER  822 HWY A-1A N, SUITE 101  PONTE VEDRA BEACH, FL 32082  | \$15,000.                  | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d)<br>Type of contribution                                              |
| 2          | MARC HERSHBERG  245 WALNUT STREET  ENGLEWOOD, NJ 07631                        | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                                | (c) Total contributions    | (d)<br>Type of contribution                                              |
| 3          | JOSEPH ETAN FRIEDMAN 6836 108TH STREET APARTMENT A-38 QUEENS, NY 11375        | \$ 25,001.                 | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
|            | (X)                                                                           | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
|            |                                                                               | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)       |

Name of organization

PATRIOT SERVICES GROUP, INC F/K/A INVEST IN AMERICA'S VETERANS FOUNDATION INC.

Employer identification number

\*\*-\*\*\*0112

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                |                      |
|------------------------------|---------------------------------------------------------------------------|-------------------------------------------|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                           | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 2                            |                                                                           | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                 | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 22                           |                                                                           | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 2.                           |                                                                           | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                           | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| *                            |                                                                           | \$                                        |                      |

Name of organization

Employer identification number

# PATRIOT SERVICES GROUP, INC F/K/A INVEST

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|---|---|---|---|---|---|---|---|---|---|

|                | ERICA'S VETERANS FOUND                                                                                       |                                                                         | **-***0112                                                                    |  |  |  |  |  |
|----------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|--|--|--|
| art III        | from any one contributor. Complete columns                                                                   | (a) through (e) and the following line entry.                           | on 501(c)(7), (8), or (10) that total more than \$1,000 for the ye            |  |  |  |  |  |
|                | completing Part III, enter the total of exclusively religiou<br>Use duplicate copies of Part III if addition | s, charitable, etc., contributions of \$1,000 or les                    | s for the year. (Enter this info. once.)                                      |  |  |  |  |  |
| a) No.         | Ose duplicate copies of Part III II addition                                                                 | al space is fleeded.                                                    |                                                                               |  |  |  |  |  |
| from<br>Part I | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
| arti           |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              | -                                                                       |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
| Γ              |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                | Transferee's name, address                                                                                   | and ZIP + 4                                                             | Relationship of transferor to transferee                                      |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
| ) No.          |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
| rom<br>Part I  | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
| arti           |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              | -                                                                       |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
|                | (6)                                                                                                          |                                                                         |                                                                               |  |  |  |  |  |
| L              | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                             |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
|                |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
| ) No.          |                                                                                                              |                                                                         |                                                                               |  |  |  |  |  |
| rom            |                                                                                                              | And the second                                                          |                                                                               |  |  |  |  |  |
| from<br>Part I | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          | (c) Use of gift                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | (b) Purpose of gift                                                                                          |                                                                         | (d) Description of how gift is held                                           |  |  |  |  |  |
|                | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    | (d) Description of how gift is held  Relationship of transferor to transferee |  |  |  |  |  |
|                |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
|                |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
|                |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
| art I          | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
| I No.          |                                                                                                              | (e) Transfer of gift                                                    |                                                                               |  |  |  |  |  |
| I No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift and ZIP + 4  (c) Use of gift                       | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift                                                    | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift and ZIP + 4  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee  (d) Description of how gift is held |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift and ZIP + 4  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee                                      |  |  |  |  |  |
| ) No.          | Transferee's name, address,                                                                                  | (e) Transfer of gift and ZIP + 4  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee  (d) Description of how gift is held |  |  |  |  |  |
|                | Transferee's name, address,                                                                                  | (e) Transfer of gift and ZIP + 4  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee  (d) Description of how gift is held |  |  |  |  |  |

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

PATRIOT SERVICES GROUP, INC F/K/A INVEST

2019
Open to Public Inspection

PATRIOT SERVICES GROUP, INC F/K/A INVEST | En IN AMERICA'S VETERANS FOUNDATION INC.

Employer identification number \*\*-\*\*\*0112

| Pai   | 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     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Donor advised funds                        | (b) F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | unds 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |  |  |  |
| 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 advis    | sed funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |  |  |  |
|       | are the organization's property, subject to the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | The second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No                          |  |  |  |
| 6     | Did the organization inform all grantees, donors, and donor a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | for charitable purposes and not for the benefit of the donor of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | Company of the Compan |                                 |  |  |  |
|       | impermissible private benefit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                          |  |  |  |
| Pai   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ganization answered "Yes" on Form 990,         | Part IV, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7.                              |  |  |  |
| 1     | Purpose(s) of conservation easements held by the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on (check all that apply).                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | Preservation of land for public use (for example, recrea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion or education) Preservation o              | f a historical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ly important land area          |  |  |  |
|       | Protection of natural habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Preservation o                                 | f a certified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nistoric structure              |  |  |  |
|       | Preservation of open space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 2     | Complete lines 2a through 2d if the organization held a quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | fied conservation contribution in the form     | of a conser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ation easement on the last      |  |  |  |
|       | day of the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Held at the End of the Tax Year |  |  |  |
| а     | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |  |  |
| b     | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | 2b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |  |  |
| С     | Number of conservation easements on a certified historic str                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ucture included in (a)                         | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |  |  |
| d     | Number of conservation easements included in (c) acquired a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | after 7/25/06, and not on a historic struction | ure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |  |  |  |
|       | listed in the National Register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |  |  |
| 3     | Number of conservation easements modified, transferred, rel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eased, extinguished, or terminated by the      | organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n during the tax                |  |  |  |
|       | year ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | la Company                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 4     | Number of states where property subject to conservation ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sement is located >                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 5     | Does the organization have a written policy regarding the per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | violations, and enforcement of the conservation easements it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | holds?                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                          |  |  |  |
| 6     | Staff and volunteer hours devoted to monitoring, inspecting,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | handling of violations, and enforcing con-     | servation ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sements during the year         |  |  |  |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 7     | Amount of expenses incurred in monitoring, inspecting, hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lling of violations, and enforcing conserva    | tion easeme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ents during the year            |  |  |  |
|       | <b>S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 8     | Does each conservation easement reported on line 2(d) above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | and section 170(h)(4)(B)(ii)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
| 9     | In Part XIII, describe how the organization reports conservati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | balance sheet, and include, if applicable, the text of the footr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | note to the organization's financial statem    | ents that de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | scribes the                     |  |  |  |
| Pai   | organization's accounting for conservation easements.  † III Organizations Maintaining Collections of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Art Historical Treasures or O                  | ther Simil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ar Accate                       |  |  |  |
| 1 (1) | Complete if the organization answered "Yes" on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ai Assets.                      |  |  |  |
| 10    | If the organization elected, as permitted under FASB ASC 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | and balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | about weeks                     |  |  |  |
| ia    | of art, historical treasures, or other similar assets held for put                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | service, provide in Part XIII the text of the footnote to its final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | public                          |  |  |  |
| b     | If the organization elected, as permitted under FASB ASC 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | et works of                     |  |  |  |
| ~     | art, historical treasures, or other similar assets held for public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | provide the following amounts relating to these items:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | exhibition, education, or research in farti    | nerance or p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ublic service,                  |  |  |  |
|       | (i) Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                              |  |  |  |
|       | THE A STOCKED AND EXCEPTION OF THE PARTY OF THE STOCKED AND TH |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                              |  |  |  |
| 2     | If the organization received or held works of art, historical tre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  |  |  |
|       | the following amounts required to be reported under FASB A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | 5, provi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 75.                             |  |  |  |
| а     | Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                              |  |  |  |
|       | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                              |  |  |  |
|       | For Paperwork Reduction Act Notice, see the Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Schedule D (Form 990) 2019      |  |  |  |

932051 10-02-19

| Bart III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  3. Using the organization's expeliation, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                  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| collection terms (check all that apply): a   Poblic exhibition   d   Loan or exchange program   b   Scholarly research   c   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| a Public axhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections 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?  Peart VI Excrow 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance d Additions during the year e Distributions during the year if Ending balance  1 Amount 1 Telegration of 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 provides on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Beginning of year balance  1 C Not investment earnings, gains, and losses d Grants or scholarships c 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 (ine 1g., splumn (al) held as:  Beard designated or quasierations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Unrelated organizations (iii) Related organizati | 3   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| b Scholarly research c Other   Preservation for future generations   c   Preservation for future generations   d 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 assests 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, line 21.  1b If Yes = Yesplain the arrangement in Part XIII and complete the following table:   Amount    1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning balance   Amount   1c Beiginning of year balance   Amount   1d Beiginning of year balance   1d Beiginning of year balance   Amount   1d Beiginning of year balance   1d Beiginning of year balance   Amount   1d Beiginning of year balance   1d Beiginning of year balance   Amount   1d Beiginning  |     |                                               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| 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 assests to be sold to raise funds rather than to be maintained as part of 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 XX, line 21.  1b Is "Yes" explain the arrangement in Part XIII and complete the following table:    Committee                                                                                                                                                                                                                                                                                                                      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| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or represed an amount on Form 990, Part X, line 21.    Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Yes   No   If "yes," explain the arrangement in Part XIII and complete the following table:    Call Interpretation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Additions during the year □ Distributions during the year during the year □ Distributions during the year □ Distributions during the year □ Distributions during the  | Pai |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| or Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year 9 Distributions during the year 1 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  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 b Permanent endowment   5% c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related  | 1a  |                                                                                                                                                                                                                                                                                                                                                                                                                                               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| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  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organizations   Sa(ii)   Related organizations   Sa(ii)   Related organizations   (iii) Related organizations   Sa(ii)   |     | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities  and programs  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    %  b Permanent endowment    %  c Term endowment    %  5 Permanent endowment    %  c Term endowment    %  10 Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iv) Unrelated organizations  (iv) Unrelated organizations  (iv) Related organizations  Description of property  (a) Cost or other    (b) Cost or other    (c) Accumulated    (d) Book value     basis (investment)    Description of property  (a) Cost or other    (b) Cost or other    (c) Accumulated    (d) Book value    Back    (d) Ending    (d) Book value    (d) Book value    Back    (d) Ending    (d) Book value 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| e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (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  9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Implement and companization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  a Sa(1) 3, 342, 950. b Bulldings  8 2, 470, 576. b 4, 970, 321. c 7, 500, 255. c Leasehold improvements  4 6, 269. b Other  1, 500. 90. 1, 1, 100. 90. 1, 1, 100. 90. 1, 1, 100. 90. 1, 1, 100.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | С   | Beginning balance                                      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| f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    Calcurrent year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo | d   | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V Endowment Funds on Funds on Funds Funds on Funds Funds (Id) Book value basis (investment) as 3, 3,42,950.    Part V Endowment Funds on Funds Funds Funds Funds (Id) Book value basis (investment) as 3, 3,42,950.    Part V Endowment Funds on Funds Funds Funds Funds Funds Funds (Id) Book value basis (investment) as 3, 3,42,950.    Part V Endowment Funds Fu | е   | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                         |                    |             | ?               | Yes           |         | No    |
| Calcurrent year   Calcurrent   |     | If "Yes," explain the arrangement in Part XIII.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                    | provided on        | Part XIII   |                 |               |         |       |
| 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 ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) A 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 (other) basis (investment)  1a Land 3,342,950, 3,342,950, 4 Ja90, 4 Ja90, 4 Ja,879, 5 C Leasehold improvements 4 6,269, 4 ,390, 4 1,879, 6 Equipment 72,848, 2,789, 77,500,959, 6 Other 1,500, 9 0, 1,410,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pal | Endowment Funds. Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 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   % 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 (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  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) basis (other)  1a Land  3,342,950. 3,342,950. 4,970,321. 77,500,255. c Leasehold improvements 46,269. 4,970,321. 77,500,255. c Leasehold improvements 46,269. 4,390. 41,879. d Equipment 72,848. 2,789. 70,059. e Other 1,500. 90. 1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 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 ▶ % 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 (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization slisted as required on Schedule R?  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) basis (other) (b) Cost or other basis (other) depreciation  1a Land 3, 3, 3, 2, 9, 50, 3, 3, 42, 9, 50, 4, 9, 70, 3, 21, 77, 500, 255, c Leasehold improvements 4, 6, 2, 69, 4, 390, 41, 879, c Leasehold improvements 4, 2, 69, 4, 390, 41, 879, c Leasehold improvements 4, 1, 500, 90, 1, 4, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 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 ▶ % 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 (iii) Related organizations (iii) Related organizations (siii) Related organizations listed as required on Schedule R?  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) basis (other)  1a Land 3,342,950. 3,342,950. b Buildings 82,470,576. 4,970,321. 77,500,255. c Leasehold improvements 46,269. 4,390. 41,879. d Equipment 72,8488. 2,789. 70,059. e Other 1,500. 90. 1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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 ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | е   | Condition And Superior Section (Condition Section Sect |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 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 ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations 3a(ii)   3a(ii)    b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (other) depreciation  1a Land 3,342,950. 3,342,950.  b Buildings (c) Leasehold improvements 46,269. 4,970,321. 77,500,255.  c Leasehold improvements 46,269. 4,390. 41,879.  d Equipment 72,848. 2,789. 70,059.  e Other 1,500. 90. 1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| a Board designated or quasi-endowment   b Permanent endowment   y6  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 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) basis (other) depreciation  1a Land   5 Buildings   5 Buildings   5 Buildings   5 C Leasehold improvements   6 Equipment   7 2, 848   7 2, 789   7 0, 059   6 Other   7 2, 848   7 2, 789   7 0, 059   7 1, 410 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| b Permanent endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                  | )) held as:        |             |                 |               |         |       |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  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 (iii) Related  | 12  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow | _% _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |             |                 |               |         |       |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  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?  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)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  3,342,950  b Buildings  82,470,576  4,970,321  77,500,255  c Leasehold improvements  46,269  4,390  41,879  d Equipment  72,848  2,789  70,059  e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Description of property  (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land 3,342,950  b Buildings 82,470,576 4,970,321 77,500,255 c Leasehold improvements 46,269 4,390 41,879 d Equipment 72,848 2,789 70,059 e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       3,342,950.       3,342,950.         b Buildings       82,470,576.       4,970,321.       77,500,255.         c Leasehold improvements       46,269.       4,390.       41,879.         d Equipment       72,848.       2,789.       70,059.         e Other       1,500.       90.       1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| (ii) Related organizations       3a(ii)       3a(ii)       3b         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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 (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       3,342,950.       3,342,950.       3,342,950.         b Buildings       82,470,576.       4,970,321.       77,500,255.         c Leasehold improvements       46,269.       4,390.       41,879.         d Equipment       72,848.       2,789.       70,059.         e Other       1,500.       90.       1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.    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 (other)   (c) Accumulated depreciation   (d) Book value depreciation     1a Land   3,342,950.   3,342,950.     b Buildings   82,470,576.   4,970,321.   77,500,255.     c Leasehold improvements   46,269.   4,390.   41,879.     d Equipment   72,848.   2,789.   70,059.     e Other   1,500.   90.   1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Part VI   Land, Buildings, and Equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | h   | If "Voe" on line 20(ii) are the related area in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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         3,342,950.         3,342,950.         3,342,950.           b Buildings         82,470,576.         4,970,321.         77,500,255.           c Leasehold improvements         46,269.         4,390.         41,879.           d Equipment         72,848.         2,789.         70,059.           e Other         1,500.         90.         1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                         | **************     |             |                 | <u>3b</u>     |         |       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         3,342,950.         3,342,950.         3,342,950.           b Buildings         82,470,576.         4,970,321.         77,500,255.           c Leasehold improvements         46,269.         4,390.         41,879.           d Equipment         72,848.         2,789.         70,059.           e Other         1,500.         90.         1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| basis (investment)         basis (other)         depreciation           1a Land         3,342,950.         3,342,950.           b Buildings         82,470,576.         4,970,321.         77,500,255.           c Leasehold improvements         46,269.         4,390.         41,879.           d Equipment         72,848.         2,789.         70,059.           e Other         1,500.         90.         1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - 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| b Buildings       82,470,576.       4,970,321.       77,500,255.         c Leasehold improvements       46,269.       4,390.       41,879.         d Equipment       72,848.       2,789.       70,059.         e Other       1,500.       90.       1,410.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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IN AMERICA'S VETERANS FOUNDATION INC.

| Part X, line 13.  //aluation: Cost or end-of-year market value  Part X, line 15.  (b) Book value |
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| Part X, line 15.                                                                                 |
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| 1,5      | Complete if the organization answered "Yes" on Form 990, Part                                                                    | IV, line 12a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 1        | Total revenue, gains, and other support per audited financial statement                                                          | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1963                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| а        | Net unrealized gains (losses) on investments                                                                                     | 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | Donated services and use of facilities                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| С        | Recoveries of prior year grants                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d        | Other (Describe in Part XIII.)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| е        | Add lines 2a through 2d                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3        | Subtract line 2e from line 1                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10 |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b                                                                 | 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | Other (Describe in Part XIII.)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| С        | Add lines 4a and 4b                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5<br>Par | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financia | e 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          | Complete if the organization answered "Yes" on Form 990, Part                                                                    | IV, line 12a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1        | Total expenses and losses per audited financial statements                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| а        | Donated services and use of facilities                                                                                           | 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | Prior year adjustments                                                                                                           | No. of the contract of the con |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| С        | Other losses                                                                                                                     | 2c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d        | Other (Describe in Part XIII.)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 503 St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| е        | Add lines 2a through 2d                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3        | Subtract line 2e from line 1                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b                                                                 | 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b        | Other (Describe in Part XIII.)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C        | Add lines 4a and 4b                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5        | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.)                                                          | ine 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|          | t XIII Supplemental Information.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rt V, line 4; Part X, line 2; Part XI,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| lines    | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov                                                        | de any additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

PATRIOT SERVICES GROUP, INC F/K/A INVEST Name of the organization Employer identification number \*\*-\*\*\*0112 IN AMERICA'S VETERANS FOUNDATION INC. SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (a) Defeased (h) On behalf (i) Pooled of issuer financing Yes No Yes No Yes No LA LOCAL GOV'T ENVIR COVE AT NOLA A FACIL & COMM DEVELOP AUT NONE 12/01/17 19245000. HOUSING DEVELOPME X X X PUBLIC FINANCE AUTHORITY RUBIX HOUSING B - CLARK COUNTY NV 13795000. DEVELOPMENT X NONE 12/01/17 X X UPPER ILLINOIS RIVER MULTIFAMILY 12/01/18 60400000 HOUSING X C VALLEY DEVELOPMENT AUTHO NONE X X D Part II **Proceeds** A C D 1 Amount of bonds retired Amount of bonds legally defeased 18,787,150. 13,575,511. 60,400,000. 3 Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows 483,087. 422,109. Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, X X X if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of a refunding issue of taxable bonds (or, if X X X issued prior to 2018, an advance refunding issue)? X X X 16 Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the

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

Schedule K (Form 990) 2019

final allocation of proceeds?

X

X

X

| Part III Private Business Use                                                                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
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| 1 Was the organization a partner in a partnership, or a member of an LLC,                          | Yes        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No    | Yes | No  | Yes | No                                               |
| which owned property financed by tax-exempt bonds?                                                 |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | X   |     | 14                                               |
| 2 Are there any lease arrangements that may result in private business use of                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| bond-financed property?                                                                            |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | X   |     |                                                  |
| 3a Are there any management or service contracts that may result in private                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | 4   |     |     |                                                  |
| business use of bond-financed property?                                                            | 25         | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | x   |     |                                                  |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4     |     |     |     |                                                  |
| counsel to review any management or service contracts relating to the financed property?           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| c Are there any research agreements that may result in private business use of                     |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 47 7  | 1   |     |     |                                                  |
| bond-financed property?                                                                            |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     | ,   | X   |     |                                                  |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A STATE OF THE PARTY OF THE PAR | AP 60 |     |     |     |                                                  |
| counsel to review any research agreements relating to the financed property?                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10 10 |     |     |     |                                                  |
| 4 Enter the percentage of financed property used in a private business use by                      | ·          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| entities other than a section 501(c)(3) organization or a state or local government                |            | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | %     |     | %   |     | g                                                |
| 5 Enter the percentage of financed property used in a private business use as a result of          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| unrelated trade or business activity carried on by your organization, another                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |     |     |     |                                                  |
| section 501(c)(3) organization, or a state or local government                                     |            | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %     |     | %   |     |                                                  |
| 6 Total of lines 4 and 5                                                                           | - 40° VIII | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %     |     | %   |     | 9                                                |
| 7 Does the bond issue meet the private security or payment test?                                   |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | X   |     | T                                                |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-             | - AW       | The same of the sa |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     | <del>                                     </del> |
| governmental person other than a 501(c)(3) organization since the bonds were issued?               |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | x     |     | x   |     |                                                  |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed             | 1          | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| of                                                                                                 | 100        | %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | %     |     | %   |     | 0                                                |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections              |            | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 70    |     | 70  |     | T                                                |
| 1.141-12 and 1.145-2?                                                                              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     | - 1 |     |                                                  |
| 9 Has the organization established written procedures to ensure that all nonqualified              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     |     |     |                                                  |
| bonds of the issue are remediated in accordance with the requirements under                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |     | - 1 |     |                                                  |
| Regulations sections 1.141-12 and 1.145-2?                                                         | x          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | х   | - 1 |     |                                                  |
| Part IV Arbitrage                                                                                  | 21         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 22  |     |     |                                                  |
| arti Albidage                                                                                      | Α          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3     | С   | T   | Y Y | D                                                |
| Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and                            | Yes        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No    | Yes | No  | Yes | Ť –                                              |
| Penalty in Lieu of Arbitrage Rebate?                                                               | 162        | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X     | 162 | X   | 162 | No                                               |
| 2 If "No" to line 1, did the following apply?                                                      |            | 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 43    |     | 41  |     |                                                  |
| 9 11 1                                                                                             |            | Х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | х     |     | х   |     |                                                  |
| a Rebate not due yet?                                                                              |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     | -   | X   |     |                                                  |
| b Exception to rebate?                                                                             |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | X   |     |                                                  |
| c No rebate due?                                                                                   |            | Λ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ ^   |     | Δ   |     |                                                  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X€    |     |     |     |                                                  |
| performed                                                                                          |            | v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | v     |     | 37  |     | Т                                                |
| 3 Is the bond issue a variable rate issue?                                                         |            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X     |     | X   |     |                                                  |

| Part IV Arbitrage (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |               |         |      |     |    |     | 9  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------|------|-----|----|-----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 1             |         | В    |     | С  | 1   | )  |
| 4a Has the organization or the governmental issuer entered into a qualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes         | No            | Yes     | No   | Yes | No | Yes | No |
| hedge with respect to the bond issue?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | X             |         | Х    |     | Х  |     |    |
| b Name of provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E           |               |         |      |     |    |     |    |
| c Term of hedge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
| d Was the hedge superintegrated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |               |         |      | A   |    |     |    |
| e Was the hedge terminated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |               |         |      |     |    |     |    |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | X             |         | X 4  |     | X  |     |    |
| b Name of provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |               |         |      |     |    |     | 1  |
| c Term of GIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |               |         | 4/ 3 |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |               |         | 100  |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | X             |         | X    |     | Х  |     |    |
| 7 Has the organization established written procedures to monitor the requirements of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |               |         | A 4  |     |    |     |    |
| section 148?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | Х             | A a     | X    |     | X  |     |    |
| Part V Procedures To Undertake Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 1000          |         |      |     |    |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | А           |               | E       | 3    | (   | 3  |     | )  |
| Has the organization established written procedures to ensure that violations of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes         | No            | Yes     | No   | Yes | No | Yes | No |
| federal tax requirements are timely identified and corrected through the voluntary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |               |         |      |     |    |     |    |
| closing agreement program if self-remediation isn't available under applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A STATE OF  |               |         |      |     |    |     |    |
| regulations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X           |               | X       |      |     | x  |     |    |
| Part VI Supplemental Information. Provide additional information for responses to questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on Schedule | K. See instru | uctions |      |     |    |     |    |
| SCHEDULE K, PART I, BOND ISSUES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |               |         |      |     |    |     |    |
| (A) ISSUER NAME: LA LOCAL GOV'T ENVIR FACIL & COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M DEVEL     | OP AUT        | HOR     |      |     |    |     |    |
| (F) DESCRIPTION OF PURPOSE: COVE AT NOLA HOUSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEVELOP     | MENT          |         |      |     |    |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P           |               |         |      |     |    |     |    |
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| (A) ISSUER NAME: UPPER ILLINOIS RIVER VALLEY DEVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOPMENT     | AUTHO         | RITY    |      |     |    |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
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| E Company of the Comp |             |               |         |      |     |    |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |               |         |      |     |    |     |    |

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. PATRIOT SERVICES GROUP, INC F/K/A INVEST IN AMERICA'S VETERANS FOUNDATION INC.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number \*\*-\*\*\*0112

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

DRAFT 990 WILL BE RETURNED TO MANAGEMENT AND BOARD OF DIRECTORS FOR REVIEW AND TO ASK QUESTIONS. ONCE APPROVED, OUR ACCOUNTING FIRM WILL FINALIZE AND SUBMIT A FINAL COPY TO THE BOARD OF DIRECTORS

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

DIRECTORS ARE REQUIRED TO REVIEW THE COMPANY'S CONFLICT OF INTEREST POLICY AND DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS AT LEAST ANNUALLY (TYPICALLY DURING COMPANY ANNUAL STRATEGIC PLANNING SESSION). ORGANIZATION PERFORMS CHECKS ON AN ANNUAL BASIS.

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

THIRD-PARTY HUMAN RESOURCES AND RECRUITING FIRM PERFORMS COMPENSATION ANALYSES AS DIRECTED AND FORWARDS COMPENSATION REPORTS AS WELL AS UNBIASED AND PROFESSIONAL OPINONS TO COMPANY BOARD OF DIRECTORS FOR DELIBERATION AND FINAL APPROVAL/DENIAL.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS, AS REQUIRED BY LAW, ARE MADE AVAIABLE ON COMPANY WEBSITE AS WELL AS UPON REQUEST.

PART XII, LINE 2C EXPLANATION

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

IN AMERICA'S VETERANS FOUNDATION INC.

PATRIOT SERVICES GROUP, INC F/K/A INVEST

Employer identification number \*\*-\*\*\*0112

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 2016 AVHG COVE LLC - 26-4520112 822 N A1A SUITE 100 PONTE VEDRA BEACH, FL 32082 RENTAL LOUISIANA 2.876.180 18,082,009. IAVF INC 2017 IAVF RUBIX LLC - 26-4520112 822 N A1A SUITE 100 PONTE VEDRA BEACH, FL 32082 RENTAL NEVADA 2,064,287. 12,512,274. IAVF INC 2018 IAVF PRAIRE VIEW LLC - 26-4520112 822 N A1A SUITE 100 PONTE VEDRA BEACH, FL 32082 RENTAL ILLINOIS 3,395,342. 26,311,708, IAVF INC 2018 IAVF TIMBER OAKS LLC - 26-4520112 822 N A1A SUITE 100 PONTE VEDRA BEACH, FL 32082 RENTAL ILLINOIS 3,395,342. 26,311,708. IAVF INC Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

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

Schedule R (Form 990) 2019

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

Name, address, and EIN

of related expenization

of related expenization

Predominant income

Share of total Share of

Disproportionate Code V-UBI General of Petership and partnership Petership Petership and pe

| (a)                                            | (b)              | (c)                                       | (d)                       | (e)                                                                                        | (f)                   | (g)                               | (1                            | ר)  | (i)             | (j                    | j)   | (k)                     |
|------------------------------------------------|------------------|-------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------------|-----|-----------------|-----------------------|------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets | Disproportionate allocations? |     | amount in box   | Gene<br>mana<br>parti | ner? | Percentage<br>ownership |
|                                                |                  | country)                                  |                           | sections 512-514)                                                                          |                       |                                   | Yes                           | No  | K-1 (Form 1065) | Yes                   | No   |                         |
|                                                |                  |                                           | 1                         |                                                                                            |                       |                                   |                               |     |                 |                       |      |                         |
|                                                |                  |                                           |                           |                                                                                            |                       |                                   | 6                             |     |                 |                       |      |                         |
|                                                |                  |                                           |                           |                                                                                            |                       |                                   |                               |     |                 |                       |      |                         |
|                                                |                  |                                           |                           |                                                                                            |                       |                                   |                               |     |                 | П                     |      |                         |
|                                                |                  |                                           |                           |                                                                                            |                       |                                   |                               | 400 |                 | 1 1                   |      |                         |
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| <u> </u>                                       |                  |                                           |                           |                                                                                            |                       |                                   |                               |     |                 |                       |      |                         |
|                                                |                  |                                           |                           |                                                                                            |                       |                                   |                               |     |                 |                       |      |                         |
| 1                                              |                  |                                           |                           |                                                                                            |                       |                                   |                               |     |                 |                       |      |                         |
|                                                |                  |                                           |                           | The state of                                                                               |                       |                                   |                               |     |                 |                       |      |                         |
|                                                |                  |                                           |                           |                                                                                            | C                     | 38                                |                               |     |                 |                       |      |                         |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)  Name, address, and EIN  of related organization | (b)<br>Primary activity | Legal domicile<br>(state or<br>foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(t<br>contr<br>ent | (i)<br>etion<br>b)(13)<br>rolled<br>tity? |
|------------------------------------------------------|-------------------------|----------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|------------------------------|-------------------------------------------|
| :                                                    |                         | country)                               |                               | A CHEMA                                       |                                 |                                          |                                | Yes                          | No                                        |
|                                                      |                         |                                        |                               |                                               |                                 |                                          |                                |                              |                                           |
|                                                      |                         |                                        |                               |                                               |                                 |                                          |                                |                              |                                           |
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| 1                                                    |                         |                                        |                               |                                               |                                 |                                          |                                |                              |                                           |
|                                                      |                         |                                        |                               |                                               |                                 |                                          |                                |                              |                                           |
|                                                      |                         |                                        |                               |                                               |                                 |                                          |                                |                              | -                                         |
|                                                      |                         |                                        | 8                             |                                               |                                 |                                          |                                |                              |                                           |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note  | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                             |                                  |            | Yes        | No        |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|----------------------------------|------------|------------|-----------|
| 1     | During the tax year, did the organization engage in any of the following transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s with one or more re | elated organizations listed | in Parts II-IV?                  |            |            | 103       |
| а     | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | у                     |                             | 2012/09/09/09/09/09              | 1a         |            | X         |
| b     | Gift, grant, or capital contribution to related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  | 1b         |            | Х         |
| C     | Gift, grant, or capital contribution from related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                             |                                  | 1c         |            | X         |
| d     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             | <u> </u>                         |            |            | Х         |
| е     | Loans or loan guarantees by related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                             |                                  | 1e         |            | Х         |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00 0.00 0.00 0.00   |                             |                                  |            | 1          | Will by   |
| f     | Dividends from related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                             |                                  | 1f         |            | X         |
| g     | Sale of assets to related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                             |                                  | 1g         |            | X         |
| h     | Purchase of assets from related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  | 1h         |            | X         |
| i     | Exchange of assets with related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  | 1i         |            | X         |
| i     | Lease of facilities, equipment, or other assets to related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                             |                                  | 1j         |            | X         |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  |            |            | NEW PA    |
| k     | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Beach, All                  |                                  | 1k         |            | x         |
| 1     | Performance of services or membership or fundraising solicitations for related organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                             |                                  |            |            | X         |
|       | Performance of services or membership or fundraising solicitations by related organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                             |                                  | 1m         |            | X         |
| n     | Sharing of facilities, equipment, mailing lists, or other assets with related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on(s)                 |                             |                                  | 1n         |            | X         |
| 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  |            |            | X         |
|       | or and or part of the first of  |                       | <i>M.</i> 4                 |                                  | 10         | 195000     | 25        |
| n     | Reimbursement paid to related organization(s) for expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | 100                         |                                  | 4          | Man (1995) | х         |
| a     | Reimbursement paid by related organization(s) for expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                             |                                  | 1p         | <u> </u>   | X         |
|       | Tomos of the state of game at on (o) for oxportions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | ·                           |                                  | 1q         |            | Λ         |
| r     | Other transfer of cash or property to related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                             |                                  | Total Seld | Х          | Section's |
| s     | Other transfer of cash or property from related organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  | 1r         | X          | _         |
|       | If the answer to any of the above is "Yes," see the instructions for information on w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                             |                                  | IS         | 22         |           |
|       | (a) Name of related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b)<br>Transaction    | (c) Amount involved         | (d)  Method of determining amoun | t involved |            |           |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | type (a-s)            |                             |                                  |            |            |           |
| (1) 2 | 018 IAVF PRAIRE VIEW LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S                     | 212,500.                    | FMV                              |            |            |           |
|       | - and the second |                       |                             |                                  |            |            |           |
| 2) 2  | 018 IAVF TIMBER OAKS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S                     | 212,500.                    | FMV                              |            |            |           |
| 3) 2  | 016 AVHG COVE LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | В                     | 119,000.                    | FMV                              |            |            |           |
| 4) 2  | 016 AVHG COVE LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                     | 131,000.                    | FMV                              |            |            |           |
| 5)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  |            |            |           |
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| 6)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                             |                                  |            |            |           |
|       | Y 100 Y 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                             |                                  |            |            |           |

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c)      | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne | e all<br>ers sec.<br>c)(3) | (f)<br>Share of<br>total | (g)<br>Share of<br>end-of-year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Disprition allocat | opor-<br>nate<br>tions? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General<br>managir<br>partner | (k) Percentage ownership |
|--------------------------------------|----------------------|----------|---------------------------------------------------------------------------------------|------------|----------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|-------------------------------------------------------------------------|--------------------------------------|--------------------------|
|                                      |                      | country) | sections 512-514)                                                                     | Yes        |                            |                          | Control Contro | Yes                | No                      | (Form 1065)                                                             | Yes N                                |                          |
|                                      |                      |          |                                                                                       |            |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                                                                         |                                      |                          |
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|                                      | 8                    |          |                                                                                       |            |                            | 9                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                                                                         |                                      |                          |
|                                      |                      |          | B                                                                                     |            |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                                                                         |                                      |                          |
|                                      |                      |          |                                                                                       |            |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                                                                         |                                      |                          |
|                                      | C                    |          |                                                                                       |            |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                                                                         |                                      |                          |
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Schedule R (Form 990) 2019

#### Form **8868**

(Rev. January 2020)

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

| ionns liste                                                                                                                                       | ed below with the exception of Form 6670, information h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | letum for   | Transfers Associated With Certain Ferson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | iai be   | nent                                   |            |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|------------|--|--|--|--|
| Contracts                                                                                                                                         | , for which an extension request must be sent to the IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in paper    | format (see instructions). For more detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s on th  | ne electronic                          |            |  |  |  |  |
| filing of th                                                                                                                                      | is form, visit www.irs.gov/e-file-providers/e-file-for-charit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ties-and-n  | on-profits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                        |            |  |  |  |  |
| Automa                                                                                                                                            | atic 6-Month Extension of Time. Only subm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | it origina  | al (no copies needed).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                        |            |  |  |  |  |
|                                                                                                                                                   | ations required to file an income tax return other than Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MICs     | and trusts                             |            |  |  |  |  |
|                                                                                                                                                   | Form 7004 to request an extension of time to file income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1        |                                        |            |  |  |  |  |
| Type or                                                                                                                                           | Name of exempt organization or other filer, see instruc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ctions.     | Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | payer    | identification number                  | er (TIN)   |  |  |  |  |
| print                                                                                                                                             | PATRIOT SERVICES GROUP, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | A INVEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                        |            |  |  |  |  |
| 200000000000000000000000000000000000000                                                                                                           | IN AMERICA'S VETERANS FOUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATION       | INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7        | **-***011                              | 2          |  |  |  |  |
| File by the<br>due date for<br>filing your                                                                                                        | Number, street, and room or suite no. If a P.O. box, so 3948 S. THIRD STREET, NO. 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | ions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6        |                                        |            |  |  |  |  |
| return. See instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  JACKSONVILLE BEACH, FL 32250 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                        |            |  |  |  |  |
| Enter the                                                                                                                                         | Return Code for the return that this application is for (file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | e application for each return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                        | 0 1        |  |  |  |  |
| Application                                                                                                                                       | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Return      | Application A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | ************************************** | Return     |  |  |  |  |
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|                                                                                                                                                   | or Form 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01          | Form 990-T (corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                        | 07         |  |  |  |  |
| Form 990                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02          | Form 1041-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                        | 08         |  |  |  |  |
| Form 4720 (individual) 03 Form 4720 (other than individual)                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                        |            |  |  |  |  |
| Form 990                                                                                                                                          | Account to common Annual Commo | 04          | Form 5227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                        | 10         |  |  |  |  |
|                                                                                                                                                   | -T (sec. 401(a) or 408(a) trust)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 05          | Form 6069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                        | 11         |  |  |  |  |
| Form 990-T (trust other than above) 06 Form 8870                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                        |            |  |  |  |  |
| Teleph  If the c                                                                                                                                  | ooks are in the care of ▶ $300 - \text{JACKSONVI}$ one No. ▶ $850 - 766 - 9650$ organization does not have an office or place of business s for a Group Return, enter the organization's four digit of the light of the group, check this box ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in the Uni  | Fax No. Fax No | s is for | r the whole group, cl                  | heck this  |  |  |  |  |
| عدا العدا                                                                                                                                         | avect as automatic Consents automaics of time whill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NOVE        | MBER 16, 2020 , to file the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2002     |                                        |            |  |  |  |  |
| the<br>▶[<br>▶[                                                                                                                                   | quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization is for the organization in the organization of time and the organization is for the organization of time and the organization is for the organization of the organization | anization's | return for:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I return | npt organization retu                  | n for      |  |  |  |  |
| 3a If th                                                                                                                                          | is application is for Forms 990-BL, 990-PF, 990-T, 4720,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or 6069, e  | enter the tentative tax, less                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                        |            |  |  |  |  |
| <u>any</u>                                                                                                                                        | nonrefundable credits. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | За       | \$                                     | 0.         |  |  |  |  |
| <b>b</b> If th                                                                                                                                    | is application is for Forms 990-PF, 990-T, 4720, or 6069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , enter any | refundable credits and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                        |            |  |  |  |  |
| esti                                                                                                                                              | mated tax payments made. Include any prior year overp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ayment all  | owed as a credit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3b       | \$                                     | 0.         |  |  |  |  |
| c Bal                                                                                                                                             | ance due. Subtract line 3b from line 3a. Include your pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | yment wit   | h this form, if required, by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                        |            |  |  |  |  |
| usir                                                                                                                                              | ng EFTPS (Electronic Federal Tax Payment System). See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | instructio  | ns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Зс       | \$                                     | 0.         |  |  |  |  |
| Caution:<br>instruction                                                                                                                           | If you are going to make an electronic funds withdrawal ns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (direct del | oit) with this Form 8868, see Form 8453-I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EO an    | d Form 8879-EO for                     | payment    |  |  |  |  |
| LHA F                                                                                                                                             | or Privacy Act and Paperwork Reduction Act Notice,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | see instru  | ictions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Form <b>8868</b> (Re                   | v. 1-2020) |  |  |  |  |

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