## Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public

		nue Service	Go to www.irs.gov/Form990 for instructions and the lates		1 01	00.40
Α	For the	2019 calend	dar year, or tax year beginning January 1 , 2019, and endir	ng Decen	nber 31	, 20 19
В	Check if	applicable:	C Name of organization Military-Veterans Advocacy, Inc.		D Employ	yer identification number
П	Address	change	Doing business as			38-3890520
=	Name ch		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number
=	Initial ret		Post Office Box 5235	1		985-641-1855
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
=	Amende		Slidell, LA 70469		<b>G</b> Gross r	receipts \$
=		ion pending	F Name and address of principal officer:			subordinates? ☐ Yes ✓ No
	пррисае	ion ponding	John B Wells P O Box 5235, Slidell, LA 70469	H(b) Are all	subordinate	s included? Tes No
ī	Tax-exe	mpt status:	501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	If "No,"	" attach a lis	t. (see instructions)
			ilitaryveteransadvocacy.org	H(c) Group	exemption r	number ►
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2012	M State of	of legal domicile: LA
_	art I	Summa				
	-	Driefly dec	cribe the organization's mission or most significant activities: Litigat	ion, legislation	and educ	ation on behalf
d)	1	Briefly des	personnel and veterans. We work with 501(c)(19) groups to formulate cl	hanges to hen	efits seek	rule making advantaged
Governance		of military	personnel and veterans. We work with 50 ftc)(19) groups to formulate of ucate vets on their benefits, file suits to obtain benefits and educate atto	rnevs on vetel	ans laws	
rna		to vets, edi	box $ ightharpoonup$ if the organization discontinued its operations or dispose	d of more that	25% of	its net assets.
ove	2		f voting members of the governing body (Part VI, line 1a)			9
Ö	3	Number of	f independent voting members of the governing body (Part VI, line 14).	) )		9
Activities &	4					0
itie	5	Total numi	ber of individuals employed in calendar year 2019 (Part V, line 2a)			9
ctiv	6	Total num	ber of volunteers (estimate if necessary)		7a	0
Ă	7a		lated business revenue from Part VIII, column (C), line 12			0
	b	Net unrela	ted business taxable income from Form 990-T, line 39	Prior Ye		Current Year
	-			Prior re	al	67608.74
e	8		ons and grants (Part VIII, line 1h)			
enn	9		service revenue (Part VIII, line 2g)	11		0
Revenue	10		at income (Part VIII, column (A), lines 3, 4, and 7d)			0
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
_	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			67608.74
	13		d similar amounts paid (Part IX, column (A), lines 1-3)			1000
	14		aid to or for members (Part IX, column (A), line 4)			0
S	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)			12276.08
cbe	b	Total fund	raising expenses (Part IX, column (D), line 25) 12276.08			
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			63167.89
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			76,443.97
	19	Revenue I	ess expenses. Subtract line 18 from line 12			(18835.23)
s or	3			Beginning of C	urrent Year	End of Year
sets	20	Total asse	ets (Part X, line 16)		18391.65	9556.42
ASS	21	Total liabil	lities (Part X, line 26)		0	0
Net Assets	22	Net assets	s or fund balances. Subtract line 21 from line 20	14 77 11 14	18391.65	9556.42
P	art II		ure Block			
Ur	nder pen	alties of perjun	y, I declare that I have examined this return, including accompanying schedules and sta	atements, and to	the best of n	ny knowledge and belief, it is
tru	ie, correc	ct, and comple	te. Declaration of preparer to ther than officer) is based on all information of which prepare	arer has any know	rieage.	
						,
Si	gn	Signa	ture of officer	D	ate /	1/20
	ere		/ / seasure/		10/	1/20
		Туре	or print name and title			
_		1	e preparer's name Preparer's signature	Date	Check [	if PTIN
	aid	V			self-emp	oloyed
	epar	Lima'a no	ame ▶	Fir	m's EIN ▶	
U	se On	Firm's ac	2004	one no.		
M	av the I		this return with the preparer shown above? (see instructions)			. Yes No

Part l	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
1	Provide training and education services for military and veterans concerning rights and benefits. Litigate to ensure the VA and DOD
	properly administer benefits. Use the rulemaking process to maximize fairness in the veterans benefits systems. Monitor health
	issues and benefits legislaton. Educate veterans on their rights and train attorneys in VA law.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(October 1 or 1) (Expenses \$ \$2447.14 including grants of \$ 00) (Revenue \$ 0)
4a	(Code. Leg. (Expenses a service of the control of t
	Advocacy in Congress supporting two separate bills, HR 1713 to cover herbicide victims in Guarri and HR 2201 to cover herbicide
	victims in Thailand.
	Education via literature/brochures \$1086.25 and printing/copying info folders \$3046.01.
4b	(Code: Education ) (Expenses \$ 47,922.79 including grants of \$ ) (Revenue \$ 820.00)
40	Conducted education of Congressional staffs and veterans service organizations concerning the need for veterans benefits including
	toxic exposure issues such as herbicide, Gulf War, burn pits etc. Briefed all concerned on the status of litigation pending including
	Procopio et. al v. Secretary of Veterans Affairs, MVA v. Secretary of Veterans Affairs in the Court of Appeals for the Federal Circuit
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Part I	V Checklist of Required Schedules			N
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<b>√</b>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D. Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		·
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		\ \ \
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.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes." complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>√</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
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		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
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		<b>/</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>/</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Par				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Effet the number of Forms W-2d included in line 1d. Effet of in Not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	reportable gaming (gambling) willings to prize williers:			0 (2019)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1	- N-
		Ye	s No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>/</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<b>✓</b>
b	If "Yes," enter the name of the foreign country		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
С	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
b	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а	and services provided to the payor?	7a	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
С	required to file Form 8282?	7c	<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<b>✓</b>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b>✓</b>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
8	sponsoring organization have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1
10	Section 501(c)(7) organizations. Enter:		
а	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 . 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources		
b	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	
b	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
D	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>✓</b>
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		
10	excess parachute payment(s) during the year?	15	1
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	✓
	If "Yes," complete Form 4720, Schedule O.		
		Form 9	990 (2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	and to See in:	tor a struct	"No" tions
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			
	Enter the number of voting members included on line 1a, above, who are independent . 1b 9			
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<b>V</b>	/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6	/	<u>v</u>
6	Did the organization have members or stockholders?		•	
7a	one or more members of the governing body?	7a	✓	
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		10	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		01.1100	
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Louisiana  Louisiana			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)	1 (500	MON	50 I (C
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
20	John B Wells P O Box 5235 Slidell, LA 70469			

01111 000 (							
Part VII	Compensation of Officers, Directors,	<b>Trustees</b>	, Key Employees,	, Highest	Compensated	Employees,	and
	Independent Contractors						-

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

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

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

Check this box if neither the organization no	Tarry related	a orga	11112			ompei	134	loa arry carrone	Jilloor, amouter,	
				Pos					-	(5)
(A)	(B)	(do n				e than one		(D)	(E)	(F) Estimated amount
Name and title	Average	box,	ox, unless person is		is both an		Reportable compensation	Reportable compensation	of other	
	hours per week		_		_	or/trust	_	from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High emp	Forme	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	/idu	tutio	er	emp	est l	ner	(00-2/1099-10130)	(**-2/1033-141100)	related organizations
	organizations	al tr	onal		oloy	com				
	below dotted line)	uste	trus		ee	pen				
	dotted line)	Ö	tee			Highest compensated employee				
(1) John B Wells						<u>u</u>				
(1) John B Wells Chairman & Exec Dir thru 7/31/19	16	1		1				0	0	0
(2) James Kuiken										
Vice Chairman	5	1		1				0	0	0
(3) Ed Ball										
Director	36.5	1						C	0	0
(4) Susan Belanger									4	
Director	6.6	1					10	C	0	0
(5) Rob Maness										A 10 10 10 10 10 10 10 10 10 10 10 10 10
Executive Director & Chief of Staff thru 7/31/19	5.8	✓		<b>✓</b>				(	0	0
(6) Mike Kvintus										
Secretary	5.5	1		1				(	0	0
(7) Brian Moyer										
Director	15.4	1			_			(		0
(8) Tom Walden										
Director	22.6	1	_	_	_		_	(		0
(9) Mike Yates				١.						
Chief of Staff 8/1/19	5.6	/	-	1	_	-	-		) (	0
(10)										
(11)										
		-	+	-	-		-			
(12)		-								4
(13)		-								
(14)		-								

Part \	/II Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	yee	s, and	d H	lighest Compe	nsated Emplo	yees (continuea)		
					((						(5)		
	(A)	(B)	(do not check more than one								(D)	(E) Reportable	(F) Estimated amount
	Name and title	Average hours					is both or/trust		Reportable compensation	compensation	of other		
		per week			_	_		_	from the organization	from related organizations	compensation from the		
		(list any hours for	ndivio r dire	stitu	Officer	ey e	ighea	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and		
		related	Individual trustee or director	tion	_	Key employee	st co yee	Ξ,			related organizations		
		organizations below	trus	al tru		yee	mpe						
		dotted line)	tee	Institutional trustee			Highest compensated employee						
						_	ed						
(15)													
(16)			-										
(17)													
(18)								i i					
(19)													
(20)													
(21)						+							
(22)					+	+							
(23)				-	$\vdash$	+							
			_	-		+		-					
(24)			-										
(25)			-					Ļ			0		
1b	Subtotal									0	0 0		
c d	Total from continuation sheets to Par Total (add lines 1b and 1c)						: :	•		0	0 0		
2	Total number of individuals (including bureportable compensation from the organ	ut not limite nization ▶	ed to t	hos	e lis	stec	abov	re) v	who received mo	re than \$100,00			
											Yes No		
3	Did the organization list any <b>former</b> employee on line 1a? <i>If</i> "Yes," complete	Schedule	J for	such	in in	divid	dual				3 4		
4	For any individual listed on line 1a, is the	e sum of r	eport	able	CO	mp	ensati	on ,	and other compo	ensation from the	ne		
	organization and related organizations	greater t	han S	\$150	),00	00?	IT "YE	es,	complete Scrie	edule J loi suc	4 1		
5	Did any person listed on line 1a receive	or accrue	amoo	ensa	atio	n fr	om an	ıy u	nrelated organiz	ation or individu	al		
	for services rendered to the organization	n? If "Yes,"	com	olete	So	ched	dule J	tor	such person .		5   ✓		
	on B. Independent Contractors  Complete this table for your five high	rhoot com	ponec	atod	ind	den	anden	t c	contractors that	received more	than \$100,000 of		
1	complete this table for your five hig compensation from the organization. Re	port compe	ensati	on fo	or th	ne c	alend	ar y	ear ending with o	or within the org	anization's tax year.		
	(A) Name and business ad	ddress							(B) Description of se	ervices	(C) Compensation		
None								+					
								+					
2	Total number of independent contract	tors (inclu	ding	but	not	t lin	nited	to	those listed abo	ove) who			
2	received more than \$100,000 of compet	nsation from	n the	orga	aniz	atio	n▶		0		000 (00.10)		

Part '	VIII	Statement of Revenue Check if Schedule O contains a response or note	to any	line in this Pa	rt VIII		🗆
		Check if Scriedule O Contains a response of note	to diffy	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, s	1a	Federated campaigns 1a 30	034.89				
Contributions, Gifts, Grants and Other Similar Amounts	b		325.00				
ية ق	С		585.00				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	0				
اق ق	е	Government grants (contributions) 1e	0				
Sin	f	All other contributions, gifts, grants,					
utic		Carlo Carlos	663.85				
G t	g	Noncash contributions included in					
no		lines 1a–1f	0	67608.74			
O B	h	Total. Add lines 1a–1f	Code	07008.74			
ø	20						
Vic.	2a b						
Sei	C						
gram Ser Revenue	d						
Program Service Revenue	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest	, and				
		other similar amounts)	de				
	4	Income from investment of tax-exempt bond proceed Royalties	us 🕨				
	5	Royalties	_				
7 7	6a	Gross rents 6a 0	0				
	b	Less: rental expenses 6b 0	0				
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	•	(			
	7a	Gross amount from (i) Securities (ii) Oth	er				
		sales of assets					
		other than inventory 7a 0	0				
Revenue	b	Less: cost or other basis and sales expenses . 7b 0	0				
) Ve	С	Gain or (loss) 7c 0	0				
Re	d	Net gain or (loss)	•		0		
Other	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line					
	100	1c). See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities			0		
	10a						
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	. ▶		0	Will Constitute the total of th	es de aconstituires aconstituires de mos
ns		Business	Code	Leganos e describistas de la constante de la c	The State of The State of Constitution State		
Miscellaneous Revenue	11a				-		
llan	b				0		
scellaned Revenue	C	All other revenue			0		
Mis	l u	Total. Add lines 11a-11d	. •		0		
	12	Total revenue See instructions	-	67608.7			

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	or note to any line			<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	1000	1000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	33		33.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12276.08			12276.08
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6300		6300	
13	Office expenses	4665.19		4665.19	
14	Information technology	662.91		662.91	
15	Royalties				
16	Occupancy				
17	Travel	46,828.26		46828.26	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0			
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.)				
		1650.28		1650.28	
a	Social Media Promotions Continuing Legal Education	400.00		400.00	
b	Continuing Legal Education  Court filing fees	1312.00		1312.00	
C	Information Brochures	1086.25		1086.25	
d e	All other expenses Permits and Registration	230.00		230.00.	
25	Total functional expenses. Add lines 1 through 24e	76443.97		63167.89	12276.08
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  ☐ if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2019

Form **990** (2019)

- (	art X	Check if Schedule O contains a response or note to any line in this Par	t X		
	4 5		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	17851.05	1	9556.42
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
Assets	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
	3	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0		0
	7	Notes and loans receivable, net	0		0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	540.60	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18391.65	16	9556.42
	17	Accounts payable and accrued expenses	0		
	18	Grants payable	0		0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0		C
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	C		(
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	_	(
	24	Unsecured notes and loans payable to unrelated third parties	(	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			(
- v		Organizations that follow FASB ASC 958, check here ▶ □			
ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	18391.65	27	9556.42
Ba	28	Net assets with donor restrictions		28	(
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		-	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	18391.65	32	9556.42
Ne	33	Total liabilities and net assets/fund balances	18391.65		9556.42

Page	12	
Page	12	

	CONTROL OF THE CONTRO				
Part				_	
	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)			08.74 43.97	
2					
3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				
5	Net unrealized gains (losses) on investments			0	
6	Donated services and use of facilities			0	
7	Investment expenses			0	
8	Prior period adjustments			0	
9	Other changes in net assets or fund balances (explain on Schedule O)			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		95	56.42	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990:  ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b		<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	3a		<b>✓</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b			
		Form	990	(2019)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

2019

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** 

38-3890520 Military-Veterans Advocacy Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). ☐ 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). 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). 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 university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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 b 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) d 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. 0 Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) Is the organization (ii) EIN (i) Name of supported organization (iii) Type of organization listed in your governing other support (see (described on lines 1-10 support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Par		ations Desc	ribed in Sect	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	vi)
	(Complete only if you checked the	he box on lin	e 5, 7, or 8 of	f Part I or if th	ne organizatio	n failed to gu	ualify under
_	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	olease comple	ete Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th organization, check this box and stop her	e			, or fifth tax ye		on 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6	, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organization quality and stop here. The organization quality	zation did not	check the box	on line 13, ar	nd line 14 is 33	15   1/3% or more,	check this
b	this box and stop here. The organization qualifies as a publicly supported organization						
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	18. If the organic tion meets the seets the "fact	anization did no e "facts-and-c s-and-circums	ot check a box ircumstances" stances" test.	x on line 13, 10 test, check the organization.	6a, 16b, or 17 his box and son qualifies as	a, and line stop here. a publicly
18	<b>Private foundation.</b> If the organization dic	not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and	see

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

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

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					1.	
•	received. (Do not include any "unusual grants.")	18520.58	22392.30	26619.33	47622.23	67678.74	182833.18
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.	0	0	0	0	35.00	35.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	35.00	33.00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	18520.58	22392.30	26619.33	47622.23	67713.74	182868.18
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	ÿ	0	0	J	
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from					1	
Soot	ine 6.)						182868.18
	ndar year (or fiscal year beginning in)	(=) 0015	(1-) 0040	( ) 0047	(1) 22 (2)		
9	Amounts from line 6	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	18520.58	22392.30	26619.33	47622.23	67713.74	182868.18
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	- 0	U	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0					
12	Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0
13	(Explain in Part VI.)	0	0	0	0	0	0
10	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	18520.58 e organization's	22392.30 s first, second	26619.33 , third, fourth,	47622.23 or fifth tax yea	67678.74 ar as a section	182862.18 501(c)(3)
Section	on C. Computation of Public Support		· · · ·				🕨 🗆
15	Public support percentage for 2019 (line 8	column (f) div	idad by line 10	2 (f)		45	
16	Public support percentage from 2018 Sch	, column (1), alv	line 15	3, column (f))		15	100 %
	on D. Computation of Investment Inc	ome Percent	tage			16	100 %
17	Investment income percentage for 2019 (li	ne 10c, column	(f), divided by	line 13. colum	n (f)) .	17	0 %
18	Investment income percentage from 2018	Schedule A, Pa	art III. line 17.			18	0 %
19a	331/3% support tests—2019. If the organize	ation did not c	heck the box	on line 14, and	l line 15 is mo	re than 331/3%.	and line
b	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a 33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organiza	nd <b>stop here.</b> T ation did not che	he organization ck a box on li	n qualifies as a page 14 or line 19	publicly suppor a. and line 16 i	ted organizations more than 33	n . ▶ ✓
	line 18 is not more than 331/3%, check this b	ox and <b>stop he</b> i	re. The organiz	ation qualifies a	s a publicly sur	ported organiza	ation >
20	Private foundation. If the organization did	not check a bo	ox on line 14,	19a, or 19b, ch	eck this box a	nd see instructi	ions

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	on A. All Supporting Organizations		Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	4	Yes	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b	-	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	" ( ) defined in line 00) hold a controlling interest in any entity in which	9b		
С	and the second benefit	9c		
10a	the state of the s			
	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.)	10k		

Part	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		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Didling Product Inches and the Control of the Contr		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	and the second	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Cooti		1		
Secu	on D. All Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
C1:		3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	s).
a b	The organization satisfied the Activities Test. Complete line 2 below.			
c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (and the organization supported a government entity).		4	,
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	202201000000000000000000000000000000000	E0000000000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes." explain in <b>Part VI</b> 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			
1.	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the release have the agreement in this representation.	CI		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check born if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expl	ain in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi	ızatı	ons must complete sect	(B) Current Year
Section A—Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
Section B-Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly in	tegrated Type III suppor	ting organization (see
instructions)			

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continued)	
	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, 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 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.	1		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

ochedule A (i	5/11/ 000 di 000 EL/ E0/10
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### 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

**Employer identification number** 

38-3890520

MIlitary-Veterans Advocacy Organization type (check one): Section: Filers of: ) (enter number) organization 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	John B. Wells P O Box 5235 Slidell, LA 70469	\$ 5445.00	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
,		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number

Part III	the following line entry. For organization contributions of \$1,000 or less for the	r the year from any tions completing Par ne year. (Enter this in	one contributor. ( t III, enter the total formation once. Se	Complete columns (a) through (e) and long of exclusively religious, charitable, etc.,		
(a) No	Use duplicate copies of Part III if add			(1) Description of how gift is hold		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift 	(d) Description of how gift is held		
		(e) Transf		nship of transferor to transferee		
	Transferee's name, address, a	nd ZIP + 4	Relation	Iship of transferor to transferor		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
_	Transferee's name, address, a	(e) Trans		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	T		fer of gift	nship of transferor to transferee		
-	Transferee's name, address, a					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019		

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/Form990*.

**Note:** Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

#### Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt From Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

#### Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; or
- Checking the box on:
  - Form 990-EZ, line H; or
  - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### **Accounting Method**

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

#### **Public Inspection**

**Note:** Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of **noncash contributions**, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

# Contributions To Be Included on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report governmental units as contributors.

#### **Contributions**

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

#### **General Rule**

Unless the organization is covered by one of the *Special Rules*, later, it must report in Part I contributions from all persons who contribute \$5,000 or more (in money or other property) during the **tax year**. As described below, certain organizations report only total contribution amounts. Contributions may be made directly or indirectly and may take the form of money, **securities**, or any other type of property.

Include all separate and independent gifts that are \$1,000 or more to determine a contributor's total contribution. Gifts that are less than \$1,000 may be disregarded. Include each contribution reported on Form 990, Part VIII, line 1. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

**Note:** Under regulations proposed by the Treasury Department and the IRS, certain organizations would not have to report the names and addresses of their contributors on Schedule B. These organizations must continue to:

- Collect the names and addresses of their contributors,
- Keep this information in their records and books, and
- Make the information available to the IRS upon request.

Section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and nonexempt private foundations described in section 6033(d)), and section 527 political organizations must report the names and addresses of their contributors in Part I, column (b), on Schedule B.

#### **Special Rules**

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ. line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II. that it met the 331/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A)(vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during

the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I contributions from each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I contributions from each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

Under the proposed regulations, all section 501(c)(7), (8), or (10) organizations listing contributions under this special rule would enter "N/A" in Part I, column (b), and would not enter the name and address of any contributor.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

#### Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II, and III of

Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number

consecutively. In column (b), section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and section 501(c)(3) nonexempt private foundations) and section 527 organizations enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. Under the proposed regulations, other organizations would enter "N/A" in place of each contributor's name, address, and ZIP code. In column (c), enter the amount of total contributions for the **tax year** for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address or "N/A," as applicable, and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, market quotations for securities) by listing its **fair market value (FMV)**. If the organization immediately sells **securities** contributed to the organization (including through a broker or agent), the contribution must still be reported as a gift of property (rather than cash) in the amount of the net

proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

n 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	see separate instructions), t				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Vame	of organization			Employer id	entification number
Part	I-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1		f the organization's direct and in	direct political ca	ampaign activities in Pa	art IV. (see instructions for
	definition of "political car				
2	Political campaign activity	ty expenditures (see instructions) .			\$ 0
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			\$ 0
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			)1(c)(3).
1	Enter the amount direct	tly expended by the filing organiz	ation for section	527 exempt function	
	activities				\$
2	Enter the amount of the	filing organization's funds contrib	outed to other org	ganizations for section	
	527 exempt function acti	ivities			\$
3		expenditures. Add lines 1 and 2.			
4		n file <b>Form 1120-POL</b> for this year'			
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all s	ection 527 political orga	nizations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing orga	nization's funds. Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate	political organization, such
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, pro	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lulius. Il florie, efiter -0	delivered to a separate
					political organization.
					If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					A CONTRACTOR OF THE PART OF TH
. ,				1	

Par	t II-A	Complete if the organization section 501(h)).					
<b>A</b> (	Check >	if the filing organization belon address, EIN, expenses, and				liated group membe	r's name,
<b>D</b> (	Check >	if the filing organization check					
<b>D</b> (	JIIECK P	Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me			)	organization's totals	group totals
18	Total lo	obbying expenditures to influence				2763.53	
k		obbying expenditures to influence				2987.74	
		obbying expenditures (add lines 1	_			5751.27	
Č		exempt purpose expenditures .				70719.70	5 T T T T T T T T T T T T T T T T T T T
		xempt purpose expenditures (add				76470.97	April 1 Paris
		ng nontaxable amount. Enter				70110101	
f	colum	0	the amount in	on the lonewing	y table in betin	15294.19	
		nount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	10201110	
				nount on line 1e.	113.		
		r \$500,000		15% of the excess	over \$500,000		
		00,000 but not over \$1,000,000 ,000,000 but not over \$1,500,000	+ /	10% of the excess			
		<u> </u>		55% of the excess o			
		,500,000 but not over \$17,000,000	\$1,000,000.	3 7/0 Of the excess O	ver \$1,500,000.		
		7,000,000 oots nontaxable amount (enter 25				3,823.55	
(		ct line 1g from line 1a. If zero or le				0	
. !		ct line 1f from line 1c. If zero or le				0	
		e is an amount other than zero		1h or line 1i dic	the organization		
J		ng section 4911 tax for this year?		· · · · · ·			Yes No
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)						
		Lobbying	Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2	a Lobby	ng nontaxable amount					
ı		ng ceiling amount of line 2a, column (e))					
(	Total lo	obbying expenditures					
(	Grassr	oots nontaxable amount					
(		oots ceiling amount of line 2d, column (e))					
1	Grassr	oots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)
	ription of the lobbying activity.	Yes	No	Aı	mount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:  Volunteers?	1			
a b	Volunteers?	· ·	1		
C	Media advertisements?		1		
d	Mailings to members, legislators, or the public?	1			5.5
е	Publications, or published or broadcast statements?	/			300.0
f	Grants to other organizations for lobbying purposes?		1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		1		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>/</b>	,		
i	Other activities?		<b>√</b>		
J	Total. Add lines 1c through 1i		1		
2a b	If "Yes," enter the amount of any tax incurred under section 4912		<b>V</b>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	)(5), c	or se	ction	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."				ine 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
b	Carryover from last year		2b		
3	Total		2c		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3		
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ying	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provid 2 (see	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	; Par	t II-A, li	nes 1 and
1h. Th	nere was one rally held on December 2018. The organization did not pay for any transportation meals or o	ther c	osts.	The per	rmit was
no cos	st. 1a. We mailed 10 letters to Members of Congress or others. The majority of our correspondence was s	ent by	/ emai	l at no	cost.
13. We	spent \$300 on Facebook ads to address specific legislation. We spent \$1350.28 on issues via Facebook	that d	id not	addres	s specific
legisla	tion.				

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Military-Veterans Advocacy 38-890520 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants b ☐ Special fundraising events ☐ Phone solicitations d ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? or entity (fundraiser) from activity organization Yes No Eric McVicker 9585 305.44 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Louisiana

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

		gross receipte groater tria	40,000			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			First Gala	Com Frd Campaign	five	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
ne						
/en	1	Gross receipts	5875	3034.89	28984.91	37894.8
Revenue						
-	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	5875	3034.89	28984.91	37894.8
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	500			500
ens		,				
хb	7	Food and beverages	3431			3431
it E	. *					
Direct Expenses	8	Entertainment	550		4 1	550
	9	Other direct expenses .	4481	1160.50	5662.28	11303.78
	10	Direct expense summary. Ac	15784.78			
	11	Not income summary Subtr	22110.02			
Pa	rt III	Gaming. Complete if the	ne organization answe	ered "Yes" on Form	990, Part IV, line 19, o	or reported more than
		\$15,000 on Form 990-E	Z, line 6a.			
<u>(1)</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue	-		(a) Birigo	bingo/progressive bingo	(4, 5 3 3	col. (a) through col. (c))
eve						
R	1	Gross revenue			3710	3710
S	2	Cash prizes			250	250
Direct Expenses						
kpe	3	Noncash prizes			1207.25	1207.25
Ę						
ec	4	Rent/facility costs			0	
	5	Other direct expenses .				
			☐ Yes 100 %	✓ Yes 100 %		
	6	Volunteer labor	□ No	☐ No	✓ No	
	7	Direct expense summary. A	dd lines 2 through 5 in d	column (d)		1457.25
	8	Net gaming income summa	ry. Subtract line 7 from	line 1, column (d)		2252.75
,	9 E	Enter the state(s) in which the c	organization conducts ga	aming activities: Louisia	ina	☐ Yes ☑ No
		s the organization licensed to		es in each of these state	es?	Tes VINO
	b If	f "No," explain: Raffle was held	inside Louisiana			
	_					
						0
1		Were any of the organization's	gaming licenses revoke	d, suspended, or termi	nated during the tax year	
	b l	f "Yes," explain:				
	_					

Schedu	le G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	✓ No
13	Indicate the percentage of gaming activity conducted in:  The organization's facility	0.0/
a	The organization of them,	0 %
b	Enter the name and address of the person who prepares the organization's gaming/special events books and	00 70
14	records:	
	Name ► John B. Wells	
	Address ► P O Box 5235, Slidell, LA 70469	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	✓ No
b	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	100, 0.110. 1.111.	
	Name ▶	
	Address >	
16	Gaming manager information:	
	Name ▶ John B Wells	
	Gaming manager compensation ► \$0	
	Description of services provided ► Administer ticket sales and ensure drawing is conducted	
	☑ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	✓ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
Doub	spent in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See instructions.	
Our ga	aming consisted of a single raffle	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

38-3890520 Military-Veterans Advocacy Part III line 2: MVA initiated a program of Continuing Legal Education with seminars in Tampa FL and Alexandria VA. Filed two suits seeking judical review of VA regulations. Met with VA Secretary to discuss implementation of Procopio v. Wilkie case. Worked with EPA to identify herbicide spraying areas on Guam. Part VI Section B line 11: Copies of the 990 and Schedules were emailed to all members of the governing body. Part VI Section B line 12c: After each board election (annually) the Chair reiterates the policy and asks for members to disclose any potential or actual conflicts. Part VI section C line 19. Corporate documents such as the articles of incorporation and annual financial statements are posted on the website. Form 1023 and the conflicts policy is avaiable upon request. IRS tax free determination is on the web site.

Schedule O (Form 990 or 990-EZ) (2019)	F	Page 2
Name of the organization	Employer identification number	
	-	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining compensation, in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.
- j. Description of public disclosure of documents, in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services. in response to Part III, Statement of Program Service Accomplishments, line 31.
  - 4. Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
  - d. "No" response to line 44d

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this **CAUTION** schedule will be made available

for public inspection.