efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization GREEN BERET FOUNDATION D Employer identification number **B** Check if applicable: Address change 27-1206961 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14402 BLANCO ROAD NO 100 Amended return Application pending (844) 287-7133 City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX  $\,$  78216 **G** Gross receipts \$ 2,444,616 F Name and address of principal officer: **H(a)** Is this a group return for **BRENT COOPER** subordinates? 14402 BLANCO ROAD NO 100 **H(b)** Are all subordinates SAN ANTONIO, TX 78216 included? Tax-exempt status:  $\checkmark$  501(c)(3)  $\sim$  501(c) ( )  $\checkmark$  (insert no.)  $\sim$  4947(a)(1) or  $\sim$  527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ **Website:** ▶ WWW.GREENBERETFOUNDATION.ORG L Year of formation: 2010 M State of legal domicile: CA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL ASSISTANCE, SUPPORT, AND LIAISING FOR THE WOUNDED, ILL, INJURED AND THE FAMILY MEMBERS (INCLUDING KILLED IN ACTION) OF THE SPECIAL FORCES REGIMENT (GREEN BERETS) WHEN THE CARE SYSTEM DOES NOT COVER THE NEED DIRECTLY RELATED TO THE HEALTH AND WELFARE OF THAT SERVICE MEMBER OR Activities & Governance THEIR FAMILY 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) . 7 5 0 Total number of volunteers (estimate if necessary) . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 2,046,957 2,092,916 **9** Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,363 62,059 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 677,971 93,040 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,732,291 2,248,015 699,228 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 689,231 14 Benefits paid to or for members (Part IX, column (A), line 4) . 468,418 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 578,150 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) 138,888 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 1,046,995 1,139,022 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,204,644 2,416,400 527,647 Revenue less expenses. Subtract line 18 from line 12 . . -168,385 d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . . 2,688,827 2,527,556 21 Total liabilities (Part X, line 26) . . . . . 113,975 80,836 Net assets or fund balances. Subtract line 21 from line 20 . 2,574,852 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2020-11-06 Signature of officer Date Sign BRENT COOPER EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔲 if P00963779 **Paid** self-employed Firm's name RANDY WALKER & CO Firm's EIN > 20-3992693 **Preparer** Use Only Firm's address 7800 IH 10 WEST STE 505 Phone no. (210) 366-9430 SAN ANTONIO, TX 78230 May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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Briefly describe the organization's mission:

PROVIDE FINANCIAL ASSISTANCE, SUPPORT, AND LIAISING FOR THE WOUNDED, ILL, INJURED AND THE FAMILY MEMBERS (INCLUDING KILLED IN ACTION) OF THE SPECIAL FORCES REGIMENT (GREEN BERETS) WHEN THE CARE SYSTEM DOES NOT COVER THE NEED DIRECTLY RELATED TO THE HEALTH AND WELFARE OF THAT SERVICE MEMBER OR THEIR FAMILY.

Did the organization undertake any significant program services during the year which were not listed on ☐ Yes ☐ No the prior Form 990 or 990-EZ? . . . . . If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ☐ No.

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

(Code: 123,104 including grants of \$ 41,453 ) (Revenue \$ ) (Expenses \$ 4a CASUALTY SUPPORT: CASUALTY SUPPORT IS PROVIDED IN TWO FORMS: C3 CHECK AND GORUCK GR1. AS A MATTER OF PRACTICE, THE GREEN BERET FOUNDATION ("GBF") IMMEDIATELY PROVIDES A \$2,500 CHECK TO OFFSET HISTORICALLY PREDICTABLE AND UNPREDICTABLE EXPENSES AND A HIGHLY SPECIALIZED RUCKSACK PACKED WITH NON-TRIVIAL ESSENTIALS TO THOSE GREEN BERETS THAT HAVE BEEN MEDEVAC'D AWAY FROM THEIR PERMANENT DUTY SUPPORT GREEN BERETS AND THEIR FAMILIES NEED IMMEDIATELY AFTER BEING INJURED.

STATION. THIS RUCKSACK IS A TOOL TO COMMUNICATE OUR INITIAL ENGAGEMENT WITH THE GREEN BERET AND THEIR FAMILY. WE ENGAGE IMMEDIATELY AND REMAIN ENGAGED WITH THAT FAMILY, A CASUALTY IMPACTS NOT JUST THE SOLDIER, BUT ALSO HIS ENTIRE FAMILY, GBF STEPS IN TO PROVIDE THE EXTRA ) (Expenses \$ 738,340 including grants of \$ 225,178 ) (Revenue \$

EXTENDED SUPPORT: THE LONG-TERM HEALTH OF A GREEN BERET'S MIND, BODY, SPIRIT, AND FAMILY ARE OF THE UTMOST IMPORTANCE TO THE FOUNDATION. WE SUPPLEMENT THE CARE THAT THE VETERAN'S ADMINISTRATION ("VA") PROVIDES TO ENSURE TOTAL WELLNESS FOR THE INDIVIDUAL AND HIS FAMILY. WE ADDRESS BOTH ACUTE CARE AND EXTENDED CARE, DEPENDING UPON THE INDIVIDUAL NEED, WE MAY PROVIDE OTHER ONGOING SERVICES INCLUDING TRAVEL, LODGING, AND OTHER EXTRAORDINARY EXPENSES NOT COVERED BY THE CURRENT SYSTEM. IT IS OFTEN THE CASE THAT A COMBINATION OF ARMY PROVIDED MEDICAL SERVICES AND SUPPORT ARE JUST WHAT IT TAKES FOR RECOVERY AND RETURN TO DUTY OR THE TRANSITION TO A CIVILIAN CAREER. WHEN MORE IS NEEDED, WE ADDRESS THOSE NEEDS ON A CASE-BY-CASE BASIS MAKING EVERY EFFORT TO ACCOMMODATE. NO TWO CASES ARE THE SAME AND WE TAKE PRIDE IN ASSESSING EACH GREEN BERET AND HIS FAMILY DIFFERENTLY.

176,346 including grants of \$ ) (Expenses \$ 68,363 ) (Revenue \$

TRANSITION SUPPORT - THE NEXT RIDGELINE PROGRAM: THE NEXT RIDGELINE IS A METAPHOR USED TO SYMBOLIZE A JOURNEY FROM ONE PEAK TO ANOTHER. IN MILITARY TERMS IT MEANS THE HARD OBJECTIVE - VISIBLE BUT REQUIRES TIME AND EFFORT TO GET TO THE NEXT RIDGELINE. THE NEXT RIDGELINE PROGRAM AND SERVICES WILL ADDRESS THREE CRITICAL PILLARS OF SUPPORT FOR THE GREEN BERETS. THE OASIS PROGRAM ESTABLISHES A SERVICE DIVISION WITHIN THE GREEN BERET FOUNDATION ("GBF") THAT ALLOWS FOR A UNIQUE LEVEL OF SUPPORT TO THE SPECIAL FORCES COMMUNITY. THE PROGRAM ENSURES

FAIR VA DECISIONS, ENTITLEMENT TO VA HEALTHCARE AND VOCATIONAL REHABILITATION PROGRAMS AS THE SERVICE MEMBER TRANSITIONS FROM ACTIVE DUTY TO CIVILIAN LIFE. THE PROGRAM PROVIDES UNIQUE AND TAILORED VA CLAIMS ASSISTANCE ENHANCING THE GBF'S NEXT RIDGELINE PROGRAM AND TRULY FILLING A GAP FOR TRANSITIONING GREEN BERETS. FURTHERMORE, THE PROGRAM HAS A LIFE-CYCLE APPROACH INCLUDING BURIAL BENEFITS AND ASSISTANCE TO THE GREEN BERET'S WIDOW. THE NEXT RIDGELINE'S PROACTIVE AND ROBUST APPROACH TO SUPPORTING TRANSITION FOR HUNDREDS OF GREEN BERETS A YEAR WILL SECURE ENTITLEMENTS UPFRONT, REDUCING STRESS FOR THE GREEN BERET AND FAMILY AND POSSIBLY REDUCING EXPENSES FOR THE GBF.

1,054,543 including grants of \$ (Code: ) (Expenses \$ 364,234 ) (Revenue \$

FAMILY SUPPORT: THE GREEN BERET FOUNDATION CONSIDERS OUR OWN GOLD STAR FAMILIES TO BE ONE OF THE MOST IMPORTANT GROUPS IN OUR

COMMUNITY. WE HAVE A DUTY TO REMAIN IN CLOSE CONTACT WITH THOSE WHO HAVE LOST A GREEN BERET, OUR GOLD STAR SUPPORT INCLUDES: PAYMENT OF FUNERAL COSTS (DOVER, UNIT MEMORIALS AND ARLINGTON) NOT COVERED BY THE MILITARY, CONTINUOUS ENGAGEMENT WITH THE FAMILIES TO IDENTIFY GAPS IN RESOURCES, MAINTAINING A CLOSE CONNECTION WITH THE FAMILIES, AND ULTIMATELY FOSTERING ALIFELONG BOND TO BUILD A STRONGER GREEN BERET

FAMILY. OUR STEEL MAGS PROGRAM PROVIDES A STABLE AND EXPERIENCED SUPPORT PLATFORM FOR GREEN BERET WIVES, SISTERS, AND MOTHERS THAT HAVE ENDURED THEIR GREEN BERET'S MANY DEPLOYMENTS, TRAINING, INJURIES AND EVEN THE ULTIMATE SACRIFICE OF THEIR GREEN BERET. THE DOL SCHOLARSHIP

PROGRAM IS FOR THE CHILDREN OF GREEN BERETS. UNDERSTANDING THE FAMILY UNIT IS THE BACKBONE FOR OUR GREEN BERETS IS KEY. Other program services (Describe in Schedule O.) 1,054,543 including grants of \$ 364,234) (Revenue \$ (Expenses \$

2,092,333 Total program service expenses > Form 990 (2019) Form 990 (2019) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Νo 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 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Νo 9 negotiation services? If "Yes," complete Schedule D, Part IV 🐿

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 5 . . . . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ର୍ ପ୍ରମୟକ" ଦେଗୁଖନାହାୟ ନେ ବିଷ୍ଟାଧିକ ନିଜ୍ଞ ଅନ୍ୟୁକ୍ତ hopendent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . 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 . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

VIII, IX, or X as applicable.

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Νo

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Yes

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Form 990 (2019) Page 4 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

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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 . . .

**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

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 $\overline{ extsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

អ៊ីត៉េ"អ៊ីមិទី 6ម្បារាម្រីម៉ាទីការម្តីមេខាក់ 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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Νo

No

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35b

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37

39

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1a

1b

Yes

Yes

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Yes

Yes

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		Yes	
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au over, a financial account in a foreign country (such as a bank account, securities account, or other financial account to the foreign country).			No
b	ಾರ್ಡ್೮೬೪೩೬೪) enter the name of the foreign country: ►	counts		
5a	$oldsymbol{wash}$ we organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion? 5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	ons or gifts . <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was file Form 8282?	required to 7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t? <b>7f</b>		No
g	If the organization received a contribution of qualified intellectual property, did the organization file For required?	m 8899 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization form 1098-C?	on file a 7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	, , , , , , , , , , , , , , , , , , , ,	. 9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? <b>12a</b>		
b	of 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		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	100			N.
	Did the organization receive any payments for indoor tanning services during the tax year?			No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			
	excess parachute payment(s) during the year?	15		No
16	Is "thesohgseeizastoon cations laxractitiha Formutitut 2001, នាយា jecutulte Nthe section 4968 excise tax on net investmen · ·	t income? <b>16</b>		No
	If "Yes," complete Form 4720, Schedule O.			(2010)

year by the following:

Section C. Disclosure

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15

17

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section	Α.	Governing	Body	and	Managemer

- 1	Section A. Governing Body and Management				
				Yes	No
:	<b>1a</b> Enter the number of voting members of the governing body at the end of the tax	1a	7		
	Year				
	body, or if the governing body delegated broad authority to an executive committee				
	or similar committee, explain in Schedule O.				

**10a** Did the organization have local chapters, branches, or affiliates? .

**b** Each committee with authority to act on behalf of the governing body?

1b

Yes

Νo

Nο

Νo

Nο

Nο

No

4

5

8a

8b

9

10a

10b

11a

12a

12b

12c 13

15a

15b

16a

16b

Yes

Nο

Form 990 (2019)

- Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . . . . . . . . . . . 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person?
- Did the organization have members or stockholders? . . . . 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . . . . . . . . . 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Blathe organization become aware during the year of a significant diversion of the organization's assets? .

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Did the organization have a written whistleblower policy? . . . . .

a The organization's CEO, Executive Director, or top management official . .

List the states with which a copy of this Form 990 is required to be filed.

Other officers or key employees of the organization . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶RHONDA MARSHALL 14402 BLANCO ROAD NO 100 SAN ANTONIO,TX78216(844) 287-7133

Own website 🔽 Another's website 🔽 Upon request 🗌 Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

Did the process for determining compensation of the following persons include a review and approval by

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O  $\,$  .

Part VII

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

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

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

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

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

See instructions for the order in which to list t $\ \square$ Check this box if neither the organization n			ation	cor	npe	nsate	d an	y current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not bo: h ar or/ti	c check x, unling officerustee Highest compensated	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEVIN FLIKE	5.00	X						0	0	0
DIRECTOR								_		
(2) JASON MCCARTHY DIRECTOR	5.00	х						0	0	0
(3) CHARLES M SEKELSKY 11 - 71	5.00									
DIRECTOR		Х						0	0	0
(4) DAVID WALKER	5.00									
DIRECTOR		X						0	0	0
(5) FRAN WESSELING	5.00									
DIRECTOR		X						0	0	0
(6) BOB PARSONS 11 - 51 DIRECTOR	5.00	х						0	0	0
(7) FRANK MONESTERE 11 - 71 DIRECTOR	5.00	х						0	0	0
(8) RONE REED 11 - 51	5.00									_
DIRECTOR		Х						0	0	0
(9) TS SLEMP 11 - 71	5.00	Х						0	0	0
DIRECTOR										
(10) MARK COPELAND 11 - 430	5.00	X						0	0	0
DIRECTOR										
(11) MGR SIMEON TROMBITAS 11 - 71  CHAIRMAN	15.00	х		Х				0	0	0
(12) LTGR KEN TOVO 71 - 1231	15.00									
CHAIRMAN		X		Х				0	0	0
(13) JIM KESTER 11 - 51	15.00									
VICE CHAIRMAN		X		Х				0	0	0
(14) CHARLES A DONABEDIAN	15.00									
DIRECTOR / TREASURER		Х		Х				0	0	0
(15) BRENT M COOPER 61 - 1231 EXECUTIVE DIRECTOR	40.00			Х				66,640	0	3,051
										Form <b>900</b> (2010)

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	erage Position (do not check rs per more than one box, unless k (list person is both an officer burs for and a director/trustee) org							from the organization (W-		S	(F) Estimated amount of other compensation from the organization and	
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MIS	(SC)	(W-2/1099- MISC)	C	rganizat relat organiz	ed
1b 9	Sub-Total			<u> </u>	<u></u>		•					1		
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Section A					*		66,64	10		0		3,051
2	Total number of individuals (includ \$100,000 of reportable compensat	-				d at	oove)	who	received more	than				
3	Did the organization list any <b>forme</b>				, key	y en	nploye	ee, o	or highest com	oensat	ed employee		Yes	No
4	on line 1a? <i>If "Yes," complete Scheo</i> For any individual listed on line 1a  organization and related organizat	, is the sum of r	eportab	le co								3		No
	individual											4		No
5	Did any person listed on line 1a re services rendered to the organizat						•		-			5		No
Se 1	ection B. Independent Contr Complete this table for your five h		ated in	depe	nden	nt co	ontrac	tors	that received	more	than \$100.000	0 of		
	compensation from the organizatio	-											tax year	
	Name	and business addre	ess							Descrip	otion of services		Comper	nsation
	Fotal number of independent contrac													

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

rorin s	990 (2019)							Page :
Part		t of Revenu						_
	Check if Sch	edule O contair	ns a res	sponse or note to	any line in this Par (A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from tax under sections
						function revenue	revenue	512 - 514
- 10	1a Federated cam	paigns	1a	8,341			_	_
at a	<b>b</b> Membership du	es	1b					
E n	<b>c</b> Fundraising eve	ents	1c	1,030,769				
A.G	<b>d</b> Related organiz	zations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants	(contributions)	1e					
n, 6								
Sir								
ξ.								
혈통								
늘								
S e								
	f All other contribution	ons, gifts, grants,	1					
	and similar amount above		1f	1,053,806				
	g Noncash contribution	ons included in						
	h Total. Add lines	: 1a-1f	<b>1</b> g	82,454				
	II Total. Add filles	. Id-II	• •	· · · •	2,092,916			
	2-			Business Code				
	2a							
ž	-			-				
eve	b							
9								
¥.	с							
Se	d							
Program Service Revenue				_				
ogr	e							
Δ				-				
	<b>f</b> All other progran	n service reven	ue.					
	<b>9 Total.</b> Add lines				-1			
	3 Investment incom	e (including div	vidends	s, interest, and	62,05	9		62,059
	other <b>4</b> 9imilareafrounitale:	atmant of tay	womnt	hand proceeds				,
	<b>5</b> Royalties			bolia proceeds				
	5 Royalties	(i) Re		(ii) Personal				
		(1) (1)	cai	(II) Fersonal				
	<b>6a</b> Gross rents	6а						
	<b>b</b> Less: rental	Ch.						
	expenses	6b						
	c Rental income or	6c						
	d (Nets)ental incom	ne or (loss).						
		(i) Secu		(ii) Other				
	<b>7a</b> Gross amount	1_						
	from sales of assets other	7a						
	than inventory				_			
	<b>b</b> Less: cost or other basis and	7b						
	sales expenses							
	c Gain or (loss)	7c						
	<b>d</b> Net gain or (loss							
	<b>8a</b> Gross income from fi			· · · •				
100000	(not including \$	1,030,769 of	:					
ne	contributions reporte See Part IV, line 18			222 4 -				
/en	•		8a	202,136				
Se Se	<b>b</b> Less: direct exp		8b	152,348		0		40.70
1	c Net income or (Id	oss) trom fundr	aising	events	49,78	0		49,788
Other Revenue				•				
0	<b>9a</b> Gross income fro	m gaming						
	activities.		9a					
	See Part IV, line <b>b</b> Less: direct exp	enses	9b					
	<b>c</b> Net income or (lo	oss) from gami	ng acti	vities 🕨				

10a Gross sales of inventory, less		70,000				
returns and allowances	10a	79,009				
<b>b</b> Less: cost of goods sold	10b	44,253				
c Net income or (loss) from sales of	inve	ntory	34,756	34,756		
		▶				
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REVENUE		900099	8,496			8,496
b						
с						
d All other revenue						
e Total. Add lines 11a-11d			8,496			
<b>12 Total revenue.</b> See instructions .			2,248,015	34,756	0	120,343

120,343 Form **990** (2019)

Forr	m 990 (2019)				Page <b>10</b>
Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a response or note to	•	-	•	` ' —
Do	not include amounts reported on lines 6b,		(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000	10,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	689,228	689,228		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,690	57,212	4,749	7,729
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	450,349	370,356	32,097	47,896
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,900	8,608	1	2,292
	Payroll taxes	47,211	38,825	3,365	5,021
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	375,181	267,190	93,665	14,326
12	Advertising and promotion	120,839	103,858	50	16,931
	Office expenses	150,129	90,656	30,399	29,074
	Information technology	30,740	20,674	4,161	5,905
	Royalties				
	Occupancy	66,135	46,797	12,651	6,687
	Travel	67,042	65,918	728	396
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	3,452	3,397	55	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	8,236	8,236		
	Insurance	12,561	9,837	2,335	389
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EDUCATIONAL AND PROGRAM	286,025	286,025		
	b OTHER EXPENSES	9,996	8,996	253	747
	c PROFESSIONAL DEVELOPMEN	6,277	6,277	(71	1.405
	d MEALS & ENTERTAINMENT	2,409	243	671	1,495
	e All other expenses	2 416 400	2 002 333	185 170	130 000
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	2,416,400	2,092,333	185,179	138,888

Forn	n 990	(2019)			Page <b>11</b>
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			(A)		(B)
	ı		Beginning of year		End of year
	1	Cash-non-interest-bearing	649,475	1	366,260
	2	Savings and temporary cash investments	1,861,095	2	0
	3	Pledges and grants receivable, net	81,022	3	126,434
	4	Accounts receivable, net		4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	30,471	8	9,930
Asi	9	Prepaid expenses and deferred charges		9	
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 68,363			
	ь	Less: accumulated depreciation 10b 53,606	19,965	10c	14,757
	11	Investments—publicly traded securities .	46,799	11	2,010,175
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets: Add lines 1 through 15 (must equal line 34)	2,688,827	16	2,527,556
	17	Accounts payable and accrued expenses	113,975	17	80,836
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee,			
abi		key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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).		25	
	26	Complete Part X of Schedule D	440.075	25	00.000
(0	26	Total liabilities. Add lines 17 through 25	113,975	26	80,836
ces		Organizations that follow FASB ASC 958, check here   and complete			
Assets or Fund Balances	27	lines 27, 28, 32, and 33.  Net assets without donor restrictions	2,240,099	27	2,217,500
d E	28	Net assets with donor restrictions	334,753	28	229,220
Fun		Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and			
S OF	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	2,574,852	32	2,446,720
Ž	33	Total liabilities and het assets/fund balances	2,688,827	33	2,527,556
-					Form <b>990</b> (2019)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Single Audit Act and OMB Circular A-133?

Form 990 (2019)

3b

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

efi	e Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	Т	IN: 20-5478191
SC	HFC	ULE A		Dublic	Charity Statu	e and Dub	dic Sunno	rt	OMB No. 1545-0047
	m 990	_	c		organization is a sect				2010
990I	EZ)				4947(a)(1) nonexe	mpt charitable	trust.		2019
Danar	tment of	the Treasury	•	Go to <u>www.ii</u>	Attach to Form s.gov/Form990 for i			rmation.	Open to Public
•		nue Service ne organizat	ion					Employer identific	Inspection
		T FOUNDATION							acion number
Pa	rt I	Reason	for Publi	c Charity Si	atus (All organiza	tions must co	mplete this pa	127-1206961 art.) See instructio	ons.
					use it is: (For lines 1				
1		A church,	convention	of churches, or	association of churc	hes described ir	section 170(b	)(1)(A)(i).	
2		A school d	escribed in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	n 990 or 990-E	Z).)	
3		A hospital	or a cooper	ative hospital :	service organization o	described in <b>sec</b>	tion 170(b)(1)(	(A)(iii).	
4			research or name, city,		rated in conjunction w	vith a hospital d	escribed in <b>sec</b> t	tion 170(b)(1)(A)(ii	i). Enter the
5		_	•	ed for the bendered	efit of a college or uni )	versity owned o	r operated by a	governmental unit	described in <b>section</b>
6		A federal,	state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	)(A)(v).	
7	V				es a substantial part o i). (Complete Part II.		m a governmen	tal unit or from the	general public
8					on 170(b)(1)(A)(vi).		t II.)		
9					described in <b>170(b)</b> e of agriculture. See in				
10		An organiz	ation that n	ormally receive	es: (1) more than 331	/3% of its suppo	ort from contrib	utions, membership	fees, and gross
		•			exempt functions—sunrelated business tax	-		• •	331/3% of its support
		_			e <b>section 509(a)(2).</b>			can, nom paomese.	o acquired 5, and
11		An organiz	ation organ	ized and opera	ted exclusively to test	t for public safe	ty. See <b>section</b>	509(a)(4).	
12		one or mor	e publicly s	upported organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or <b>section 5</b>	<b>09(a)(2).</b> See <b>sectio</b>	<b>n 509(a)(3).</b> Check
а		supported	organization	n(s) the power	erated, supervised, or to regularly appoint o <b>t IV, Sections A and I</b>	r elect a majori			
b		Type II. A manageme	supporting nt of the su	organization su pporting organ	pervised or controlled ization vested in the	d in connection			by having control or I organization(s). <b>You</b>
С	_			/, Sections A a	<b>1d C.</b> upporting organizatio	n operated in co	annoction with	and functionally into	arated with its
·					ictions). <b>You must co</b>				grated with, its
d		not functio	nally integr	ated. The orga	A supporting organization generally mu	st satisfy a dist	ribution require		
e	Г				te Part IV, Sections A ceived a written deter			s a Type I, Type II.	Type III functionally
		integrated	or Type III	non-functiona	lly integrated support	ing organization	ı.		,
f	Ente			ed organization				· · · · · · · <u> </u>	
g	(i) N	Provide the lame of supp		(ii) EIN	ut the supported orga (iii) Type of		organization	(v) Amount of	(vi) Amount of
	(1)	organizatio		(II) LIN	organization (described on lines	listed in you	organization or governing nent?	monetary support (see instructions)	other support (see
					<pre>1- 10 above (see instructions))</pre>				
					-//	Yes	No		
Tota	I								
		vork Reduct	ion Act Not	ce, see the Ins	tructions for	Cat. No. 11285	iF	Schedule A (Form	990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

line 4.

Calendar year

Section B. Total Support

securities loans, rents, royalties and income from similar sources

the business is regularly carried 10 Other income. Do not include gain

> or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated business activities, whether or not

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Page 2

8,772,455

8,811,725

74,996

1,641,260

8,496

10,536,477

316,357

83.260 %

98.560 %

(f) Total

Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support 725

	nengar 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 grant.") .	1,354,642	1,643,102	1,674,108	2,046,957	2,092,916	8,811,72
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						

The value of services or facilities furnished by a governmental unit to the organization without charge...

**(b)** 2016

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

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

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

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

(a) 2015

1,354,642

Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Section C. Computation of Public Support Percentage

975

1.354.642 1.643.102 1,674,108 2.046,957 2.092.916 Total. Add lines 1 through 3 The portion of total contributions

by each person (other than a

8.811.725 governmental unit or publicly

supported organization) included on line 1 that exceeds 2% of the

amount shown on line 11, column

39,270 **Public support.** Subtract line 5 from

(c) 2017

1,674,108

2,381

468,132

(d) 2018

2,046,957

7,363

659,788

(e) 2019

14

15

2,092,916

62,059

49,788

8,496

Schedule A (Form 990 or 990-EZ) 2019

1,643,102

2,218

463,552

Sche	edule A (Form 990 or 990-EZ) 2019						Page
P	art III Support Schedule f	or Organiza	tions Descri	bed in Section	n 509(a)(2)		<u>-</u>
	(Complete only if you	checked the	box on line 1	0 of Part I or if	f the organizati		alify under Part
	II. If the organization	fails to quali	fy under the t	ests listed belo	ow, please com	plete Part II.)	
	ection A. Public Support		1	-		1	
	endar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in)  Gifts, grants, contributions, and						
_	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b.						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6.)						
	endar year						
	fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	Hoveleted by stores to 1997 to 1		+				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated						
-	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.)						
14	<b>First five years.</b> If the Form 990 is for	or the organizat	tion's first, seco	nd, third, fourth.	or fifth tax year	as a section 501	(c)(3) organization
	check this box and <b>stop here</b>	-	•		•		
S	ection C. Computation of Publ			<u> </u>		<u> </u>	E
15	Public support percentage for 2019 (			ne 13. column (f	))	15	
15 16	Public support percentage from 201				-	16	
	ection D. Computation of Inve					10	
	Investment income percentage for 2				umn (f))	17	

Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . b 33 1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

Section A. All Supporting Organizations

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

checked 12b of

12d of Part I, complete

and (c) below.

made the determination.

Page 4

No

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

or supervised by or in connection with its supported organizations.

describe the designation. If historic and continuing relationship, explain.

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked Sections A and D, and complete Part V.)

Yes

1

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

Page 5

Ρē	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 <b>Part VI</b> .	11c				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
S	Section C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or					
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
S	Section <sup>z</sup> D <sup>:/</sup> เล้เก๋ Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No		
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 <b>Part VI</b> 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	3				
-	Section. E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ne).			
_	a The organization satisfied the Activities Test. Complete line 2 below.		,.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(500				
	instructions)	(566				
2	Activities Test. Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> 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		. 65			
	constituted substantially all of its activities.	2a				
	<b>b</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				

instructions)

Page **6** 

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 Amounts paid to supported organizations to accomplish exempt purposes

Section DOrganizations

d Excess from 2018.

**e** Excess from 2019. . . .

(continued)

Page 7

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval requi	ired)						
6 Other distributions (describe in Part VI). See instruc	tions						
7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions							
<b>9</b> Distributable amount for 2019 from Section C, line 6							
<b>10</b> Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).							
See instructions.							
<b>3</b> Excess distributions carryover, if any, to 2019:							
<b>a</b> From 2014							
<b>b</b> From 2015							
<b>c</b> From 2016							
<b>d</b> From 2017							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years  h Applied to 2019 distributable amount							
i Carryover from 2014 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D, line 7:							
\$							
<b>a</b> Applied to underdistributions of prior years							
<b>b</b> Applied to 2019 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b>							
See instructions.							
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.							
7 Excess distributions carryover to 2020. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2015							
<b>b</b> Excess from 2016							
c Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** Return Reference SCHEDULE A, PART II, LINE 10, MISCELLANEOUS REVENUE - 2019 AMOUNT: \$ 8,496. EXPLANATION OF OTHER INCOME: SCHEDULE A, PART II GREEN BERET FOUNDATION CHANGED ACCOUNTING FIRMS FOR THE PREPARATION OF THE FORM 990 DURING THE 2019 FILING PERIOD. AS SUCH, A CHANGE WAS MADE TO THE PRESENTATION OF THE CONTRIBUTIONS FROM FUNDRAISING TO MORE ACCURATELY REFLECT THE STREAMS OF SUPPORT AND COMPLY WITH THE IRS FORM 990 GUIDELINES. IN AN EFFORT TO MAINTAIN COMPLETE TRANSPARENCY, GREEN BERET FOUNDATION DID NOT CHANGE THE PRESENTATION OF THE SUPPORT IN PART II. SECTION A. LINE 1 AND SECTION B. LINE 9 FOR THE YEARS 2018 AND EARLIER. THE ORGANIZATION WILL PROVIDE ADDITIONAL DETAILS AND EXPLANATIONS UPON REQUEST.

Schedule A (Form 990 or 990-EZ) 2019

efile Public Visual Re	ender ObjectId: 001 - Submission: 2015-01-16		TIN: 20-5478191					
Schedule B	Schedule of Contributors		OMB No. 1545-0047					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF.  Treasury  Attach to Form 990, 990-EZ, or 990-PF.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.							
Name of the organization		Employer id	lentification number					
GREEN BERET FOUND	ATION	27-12069	61					
Organization type (che	eck one):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution from any one contributor. Complete Parts I and II. See instructions for determining	-						
opoolal Italioo								
under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% s 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pany one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	art II, line 13, 16a	, or 16b, and that					
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece total contributions of more than \$1,000 exclusively for religious, charitable, scienting of cruelty to children or animals. Complete Parts I, II, and III.							
during the year, this box is check purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an examplete any of the parts unless the <b>General Rule</b> applies to this organization below, etc., contributions totaling \$5,000 or more during the year	tributions totaled xclusively religio cause it received	more than \$1,000. If us, charitable, etc.,					
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sche it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H art I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Forn	of its Form 990-						
For Paperwork Reduction for Form 990, 990-EZ, or 9		edule B (Form 990	, 990-EZ, or 990-PF) (2019)					

Name of organization
GREEN BERET FOUNDATION

Employer identification number 27-1206961

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
-		•	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIF + 4	rotal contributions	Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)

Part II

(a)

No. from

Part I

(a)

(a)

No. from

Part I

(d)

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

(d)

**Employer identification number** 

(c)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

Page 3

(c) FMV (or estimate) Description of noncash property given Date received (See instructions) (c)

FMV (or estimate) No. from Description of noncash property given Part I (See instructions) (b) FMV (or estimate)

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

(a) No. from Description of noncash property given Part I (a) (b)

No. from Description of noncash property given Part I

(a) (b) No. from Part I

Description of noncash property given

(b)

Description of noncash property given

(c) FMV (or estimate) (See instructions)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page			
	rganization ERET FOUNDATION		Employer identification number			
	ERETTOONDATION		27-1206961			
Part III	Exclusively religious, charitable, etc., contritotal more than \$1,000 for the year from any line entry. For organizations completing Pal of \$1,000 or less for the year. (Enter this inf Use duplicate copies of Part III if additional space	one contributor. Complete co rt III, enter the total of exclusive ormation once. See instruction	lumns (a) through (e) and the following ly religious, charitable, etc., contributions			
(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	Relat	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(2)	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relat	ionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(a) Transfer of wift				
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relat	ionship of transferor to transferee			
(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		ionship of transferor to transferee			
			chedule B (Form 990, 990-EZ, or 990-PF) (20			

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE D Supplemental Financial Statements (Form 990) ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization GREEN BERET FOUNDATION 27-1206961 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes [ Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. Schedule D (Form 990) 2019 52283D

3 a	Using the organization's acquisition, access collection items (check all that apply):  Public exhibition	sion, and ot	her rec	ords, ch	_		owing that	-	ficant use of	its	
_	Public exhibition				_						
b	Scholarly research			е	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections a	and exp	lain how	they furth	er the (	organizatio	on's exempt	purpose in		
5	During the year, did the organization solici assets to be sold to raise funds rather than								Yes	No	
Pa	rt IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.			Form 9	990, Part	IV, line	e 9, or re	ported an	amount or	Form	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	No	
b	If "Yes," explain the arrangement in Part X	III and com	plete th	ne follow	ing table:				Amount		_
c	Beginning balance				•		1c				_
d	Additions during the year						1d				
е	Distributions during the year						1e				_
f	Ending balance						1f				<u> </u>
2a	Did the organization include an amount on	Form 990,	Part X,	line 21,	for escrow	or cus	todial acco	ount liability	? Yes	No	
b	If "Yes," explain the arrangement in Part X	III. Check l	nere if t	he expla	anation has	s been p	provided in	n Part XIII	□		
Pa	<b>Endowment Funds.</b> Complete if the organization an	swered "Y	es" on	Form C	990 Part	IV line	10				
	complete if the organization an	(a) Curre			Prior year			(d) Three y	ears back (e)	Four yea	ars back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year e	end bala	nce (lin	e 1g, colun	nn (a))	held as:				
а	Board designated or quasi-endowment										
b	Permanent endowment										
С	The person are lines 2s, 2h, and 2s a	bould agual	1000/								
За	The percentages on lines 2a, 2b, and 2c s  Are there endowment funds not in the poss	-		ization t	that are he	ld and a	administer	ed for the			
	organization by:		c 0. ga							Yes	No
	(i) unrelated organizations								3a(i)		
ь	(ii) related organizations				 Schedule R				3a(ii) 3b		
			·			••			35		
4 De	Describe in Part XIII the intended uses of terms of the stand, Buildings, and Equipm		ation's e	endowin	ent runus.						
	Complete if the organization an		es" on	Form 9	990, Part	IV, line	e 11a. Se	e Form 99	00, Part X,	line 1	0.
	Description of property (a) Cost or oth (investm		<b>(b)</b> Cos	t or other	basis (other)	) <b>(c)</b> A	ccumulated	depreciation	( <b>d)</b> B	ook valu	e
1a	Land										
b	Buildings										
c	Leasehold improvements							·			
d	Equipment				68,36	3		53,606			14,757
	Other										
Tot	<b>il.</b> Add lines 1a through 1e. (Column (d) must	equal Form	990, Pai	rt X, colu	ımn (B), line	e 10(c).,		•			14,757

XIII  $\Box$ 

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 9	990. Part I\	/. line	11b.See Form 9	90. Part X	. line 12.
	(a) Description of security or category	(b) Book value		(c) Method	d of valuation	on:
(1) Financia	(including name of security) al derivatives	value		Cost or end-of	-year mark	et value
	-held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>				
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form 9	990. Part I\	/. line	11c. See Form <sup>Q</sup>	90. Part )	C. line 13.
V	(a) Description of investment	, 50 / Tare 11	,,е	(b) Book value	(c) Meth	nod of valuation: nd-of-year market
(2)						value
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		۰			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 9'  (2) Description	90, Part IV	, line	l 1d. See Form 990		
(2)	(a) Description				- "	<b>b)</b> Book value
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 99	90, Part IV	, line :	l1e or 11f.		
1.	See Form 990, Part X, line 25.  (a) Description of liability	ility				(b) Book value
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•		·

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part

1

2

3

1

2

3

Part XIII

ADJUSTMENTS:

ADJUSTMENTS:

Return.

Page 4

2,332,521

40,253

-44,253

44,253

2,416,400

2,416,400

Schedule D (Form 990) 2019

2,292,268

### Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 40,253

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

Net unrealized gains (losses) on investments . . . . 2a Donated services and use of facilities . . . . . 2b

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII.)

Add lines **2a** through **2d . . .** 

Total expenses and losses per audited financial statements

Subtract line **2e** from line **1** . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Donated services and use of facilities . . . . .

Prior year adjustments . . . . . .

Add lines 2a through 2d . . . . . .

Other losses . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines **4a** and **4b** . . .

Supplemental Information

Return Reference

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . .

COST OF GOOD SOLD -44,253.

COST OF GOODS SOLD 44,253.

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.) . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . .

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

2a 2b

2c

2d

4a

4b

Explanation

2c

2d

3 -44,253

44,253

4c 5

1

2e

3

4c

5

2e

1

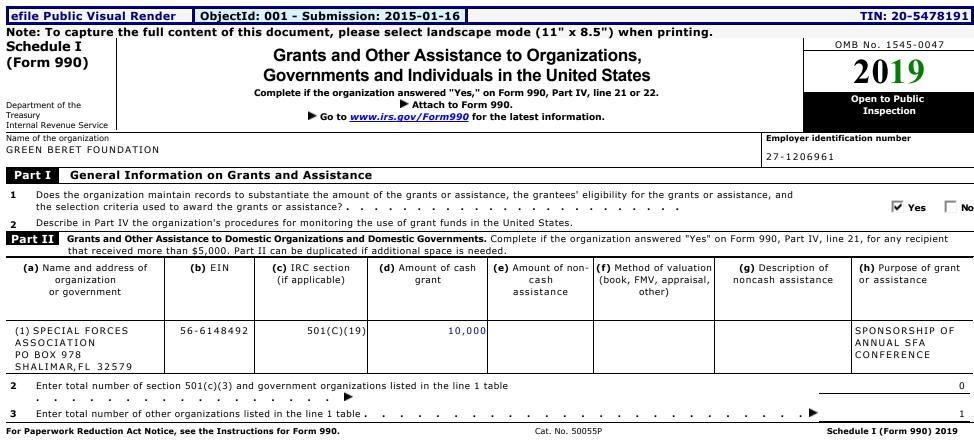
2,248,015 2,460,653

efile Public Visual	Render ObjectI	d: 001 - Subm	ission: 2015-01-16	5		TIN: 20-5478191
SCHEDULE G	Sup	plemental Ir	nformation Rega	arding		OMB No. 1545-0047
(Form 990 or 990-EZ)	Fι	ındraising o	or Gaming Activi	ities		2019
	-	_	es" on Form 990, Part IV, lines than \$15,000 on Form 990-EZ,		or if the	
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
Name of the organization		WWW.III.SI.GOV.II.GIIII.GG	for instructions and the latest	mormación.	Employer id	entification number
GREEN BERET FOUNDA	IION				27-120696	51
	<b>ng Activities.</b> Compl Z filers are not requi	_	ization answered "Yes this part.	s" on Form	990, Part I	V, line 17.
1 Indicate whether the	e organization raised fur	nds through any of	the following activities.	Check all th	nat apply.	
<b>a</b> Mail solicitations	5		e 🔲 Solicitation of r	non-governn	nent grants	
<b>b</b> Internet and ema	ail solicitations		<b>f</b> Solicitation of g	jovernment	grants	
<b>c</b> Phone solicitatio	ins		g 🔲 Special fundrais	sing events		
<b>d</b> In-person solicit	ations					
			y individual (including of nnection with profession		· · · · · · —	es No
services? If Yes, list the 10	highest paid individuals	or entities (fundra	aisers) pursuant to agree	ements und	er which the f	undraiser is
to be compensated	at least \$5,000 by the o	organization.				
(i) Name and address	of (ii) Activity	(iii) Did	(iv) Gross receipts		unt paid to	(vi) Amount paid to
individual or entity (fundraiser)		fundraiser have custody or	from activity		tained by) er listed in	(or retained by) organization
		control of contributions?		co	ol. <b>(i)</b>	
		Yes No				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which registration or licensi		gistered or licensed	d to solicit contributions	or has beer	n notified it is	exempt from
	- 		:::::::::::::::::::::::::::::::::::::::	=======		=======================================
For Donomicont Doduction A	ct Notice see the Instru	stions for Earm 000	or 000_E7	No 50083H	Sahadula C	(Form 990 or 990-F7) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)** Event #2 (c)Other events (d) Total events (add col. (a) through **SPECIAL EVENTS** col. (c)) (event type) (event type) (total number) 1 Gross receipts. 1,232,905 1,232,905 2 Less: Contributions. 1,030,769 1,030,769 3 Gross income (line 1 minus line 2) 202,136 202,136 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 152,348 152,348 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . 152,348 11 Net income summary. Subtract line 10 from line 3, column (d) . . . 49,788 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive col.(a) through col.(c)) bingo Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities:\_\_\_\_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? . . . \_\_\_\_\_\_ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . | Yes | No 10a If "Yes," explain: \_

Sche	edule G (Form 990 or 990-EZ) 2019				Page <b>3</b>		
11	Does the organization conduct gami	ng activities with nonme	mbers?	Гүе	s No		
12			or a member of a partnership or other entity	Гүе	s No		
13	Indicate the percentage of gaming a	activity conducted in:					
а	The organization's facility			13a	%		
b	-			13b	%		
14	Enter the name and address of the I	person who prepares the	organization's gaming/special events books a	and records:			
	Name						
	Address •						
15a			whom the organization receives gaming	. TYe	s No		
b	<u>.</u>						
С	If "Yes," enter name and address of	the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name Name						
	Gaming manager compensation ▶ \$	i.					
	Description of services provided						
	Director/officer	Employee	☐ Independent contractor				
17 a b	retain the state gaming license? .	quired under state law di	stributed to other exempt organizations or sp	TYe ent	s 🗖 No		
Pai	Part III, lines 9, 9b, 10b,		olanations required by Part I, line 2b, co b, as applicable. Also provide any additi				
	instructions. Return Reference		Explanation				
	dule G (Form 990 or 990-EZ) 2019 Iditional Data			Retu	rn to Form		
		Softwa	re ID:				

**Software Version:** 



(a) Type of grant or assistance

(f) Description of noncash assistance

Schedule I (Form 990) 2019

	(
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

			FMV, appraisal, other)
(1) CASUALTY SUPPORT	1 4	49,353	
(2) EXTENDED SUPPORT MEDICAL & REHAB SERVICES	108	160,134	
(3) EXTENDED SUPPORT PROGRAM/TRAVEL	5 2	57,144	
(4) FAMILY SUPPORT PROGRAM/GOLD STAR	201	51,044	
(5) FAMILY SUPPORT PROGRAM/GRANTS	412	24,523	
(6) FAMILY SUPPORT PROGRAM/SCHOLARSHIPS	18	30,000	
(7) FAMILY SUPPORT PROGRAM/STEEL MAGS	573	14,485	
(8) FAMILY SUPPORT	275	210,588	

**Supplemental Information.** Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.

GRANT FUNDS ARE MONITORED BY VETTING THROUGH USSOCOM CARE COALITION AND/OR THROUGH THE RECIPIENT'S COMMAND.
NARRATIVES ARE OBTAINED (VIA EMAIL) ON EACH SITUATION AND ENSURED THAT EACH REQUEST FALLS UNDER THE ORGANIZATION'S
MISSION. WITH REQUESTS OVER \$5,000 (THE EXECUTIVE DIRECTOR IS GRANTED PURCHASE AUTHORITY LESS THAN OR EQUAL TO \$5,000 ON
REQUESTS THAT MEET THE MISSION), WRITTEN NARRATIVES ARE OBTAINED AND THEN TRANSFERRED INTO AN OFFICIAL TASKER (STANDARD
TEMPLATE WHICH INCLUDES MOS, UNIT, RANK, ETC. AND NARRATIVE OF THE INDIVIDUAL'S SITUATION) WHICH IS THEN SUBMITTED TO THE

TRANSITION SUPPORT/NETWORKING & MENTORING: THE NUMBER OF RECIPIENTS OF 2,986 IN COLUMN (B) REPRESENTS THE NUMBER OF INDIVIDUALS WHO RECEIVED DIRECT FINANCIAL ASSISTANCE AS WELL AS INDIRECT SUPPORT SUCH AS RESOURCES, REFERRALS TO

(d) Amount of

noncash assistance

(e) Method of valuation

(book,

(c) Amount of

cash grant

49,769

6,025

23,594

12,569

**(b)** Number of recipients

16

2986

362

243

ENTIRE BOARD OF DIRECTORS, AND THEY VOTE ON EACH CASE.

(8) FAMILY SUPPORT PROGRAM/TRAVEL	
(9) TRANSITION SUPPORT PROGRAM/TRAVEL	

SUPPORT/NETWORKING & MENTORING

Explanation

PROGRAM PARTNERS, ETC.

(10) TRANSITION

PROGRAM/OASIS
Part IV Sup

SCHEDULE I, PART III

**Return Reference** 

PART I, LINE 2:

(11) FAMILY SUPPORT

(12) TRANSITION SUPPORT

PROGRAM/SERVICES

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREEN BERET FOUNDATION 27-1206961 Part I Types of Property (b) (d) (a) (c) Check if Number of contributions Noncash contribution Method of determining applicable or items contributed noncash contribution amounts amounts reported on Form 990, Part VIII, line 1 g 1 Art—Works of art . . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household aoods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . Securities—Publicly traded . Securities-Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historicstructures . . . **14** Qualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . . Real estate-Other . . . **18** Collectibles . . . Food inventory . . . 19 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . . . . Scientific specimens . . Archeological artifacts . . Other (AUCTION Χ 121 67,026 FAIR MARKET VALUE 25 ► ITEMS) Other (EVENT Χ 1.0 15,428 FAIR MARKET VALUE 26 ▶ SUPPLIES) 27 Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2			
<b>Part II Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation			
, , ,	THE ORGANIZATION USES A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED FOR THE PRESENTATION OF PART I, COLUMN (B).			
	Schedule M (Form 990) (2019			

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191 OMB No. 1545-0047

2019

Open to Public Inspection

## **SCHEDULE 0**

(Form 990 or 990-EZ)

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 <u>www.irs.gov/Form990</u> for the latest information.

Department of the Treasury Namel Bruthe organization GREN BERET FOUNDATION

**Employer identification number** 

27-1206961

Return Reference	Explanation
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION	GREEN BERET FOUNDATION 14402 BLANCO ROAD SAN ANTONIO, TX 78216 EMPLOYER IDENTIFICATION NUMBER: 27-1206961 FOR THE YEAR ENDING DECEMBER 31, 2019 GREEN BERET FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).
FORM 990, PART I, LINES 8 AND 11	GREEN BERET FOUNDATION CHANGED ACCOUNTING FIRMS FOR THE PREPARATION OF THE FORM 990 DURING THE 2019 FILING PERIOD. AS SUCH, A CHANGE WAS MADE TO THE PRESENTATION OF THE CONTRIBUTIONS FROM FUNDRAISING TO MORE ACCURATELY REFLECT THE STREAMS OF SUPPORT AND COMPLY WITH THE IRS FORM 990 GUIDELINES. IN AN EFFORT TO MAINTAIN COMPLETE TRANSPARENCY, GREEN BERET FOUNDATION DID NOT CHANGE THE PRESENTATION OF THE SUPPORT FOR THE 2018 PERIOD. THE ORGANIZATION WILL PROVIDE ADDITIONAL DETAILS AND EXPLANATIONS UPON REQUEST.
FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING SIGNIFICANT AMENDMENTS WERE MADE TO THE BYLAWS ON JULY 23, 2019. 1. PAGE 1, ARTICLE III, PARI - 1. PIDATED VERBIAGET TO "THE BOARD OF DIRECTIONS MAY ESTABLISH BRANCH OR SUBGRONNATE OFFICES TO INCLUDE THE CREATION OF CHAPTERS AT SUCH LOCATIONS AS MAY BE REQUIRED FOR THE CONDUCT OF ITS BUSINESS CONSISTENT WITH FURTHERING THE PURPOSES OF THE FOUNDATION." 2. PAGE 2, ARTICLE V, PARA 1. THE ABILITY FOR CONSISTENT WITH FURTHERING THE PURPOSES OF THE FOUNDATION." 2. PAGE 2, ARTICLE V, PARA 1. THE ABILITY FOR CONSISTENT WITH FURTHERING THE PURPOSES OF THE FOUNDATION." 2. PAGE 2, ARTICLE V, PARA 1. THE ABILITY FOR CONSISTENT WITH FURTHERING THE PURPOSES OF THE FOUNDATION. WAS INCORPORATED. THE BOARD OF DIRECTIONS MAY ESTABLISH CLASSES OF CONSTITUENTS SUCH AS "ADVISORY BOARD". SPONSOR." SPOUSAL ORGANIZATION." ASSOCIATE." CONTRIBUTING." SUSTAINING." LIFE, "CORPORATE." FORDATION. CONSTITUENCY IN THE ORGANIZATION IS OPEN TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX OR NATIONAL ORGANIZATION." ASSOCIATE." CONTRIBUTING." SUSTAINING." LIFE, "CORPORATE." FORDATION. CONSTITUENCY IN THE ORGANIZATION IS OPEN TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX OR NATIONAL ORGIN. THE FOUNDATION SHALL HAVE NO MEMBERS." 3. PAGE 3. ARTICLE VIL, PARA 1- CHANGED REQUIRED NUMBER OF PEOPLE ON THE BOARD FROM NO LESS THAN 2 AND NO MORE THAN 12 TO NO LESS THAN 3 AND NO MORE THAN 13. 4. PAGE 3. ARTICLE VIL, PARA (1.)CHANGES PEOPLE WHO CAN CALL AS PEOLAL BOARD MEETING FROM THE CHARMAN. PRESIDENT, A VICE-PRESIDENT, SECRETARY, OR ANY TWO BOARD MEMBERS TO CHARMAN MAY NOMINATE A DIRECTOR FOR REELECTION 6. PAGE 4. ARTICLE VIL, PARA 1. HO. STATES THAT THE CHARMAN MAY NOMINATE A DIRECTOR FOR REELECTION 6. PAGE 4. ARTICLE VIL, PARA 1. H.). STATES THAT THE CHARMAN MAY NOMINATE A DIRECTOR FOR REELECTION 6. PAGE 4. ARTICLE VIL, PARA 1. H.). STATES THAT THE CHARMAN MAY ORDINATE A DIRECTOR FOR REELECTION 6. PAGE 5. ARTICLE VIL, PARA 1. H.). STATES THAT THE CHARMAN MAY ORDINATE A DIRECTOR FOR THE PROVENCY OF THE PROVING THE PR

Return Reference	Explanation
	AMENDMENT TO, OR ALTERATION OF, THE DUTIES OF ANY COMMITTEE. G. STANDING COMMITTEES SHALL INCLUDE: EXECUTIVE, NOMINATING, DEVELOPMENT, FINANCE AND PROGRAM 14. PAGE 7, ARTICLE X, PARA. 1 - ESTABLISHES THE EXECUTIVE DIRECTOR AS THE CEO OF THE FOUNDATION AND THEIR ROLE. 15. PAGE 7, ARTICLE XI, PARA. 1 - PROVIDES NEW GUIDELINES FOR ACCEPTING GIFTS: 1. EXCEPT AS PROVIDED BELOW, THE BOARD SHALL HAVE THE SOLE AUTHORITY TO ACCEPT AND TO REJECT OFFERS OF GIFTS, IN FURTHERANCE OF THE PURPOSES OF THE FOUNDATION. 2. THE CHAIRMAN OF THE FOUNDATION OR A MEMBER OF THE EXECUTIVE COMMITTEE APPOINTED BY HIM, FOR OTHER THAN NORMAL AND ROUTINE CONTRIBUTIONS AND DONATIONS, SHALL BE DELEGATED AUTHORITY TO ACCEPT OR TO REJECT OFFERS OF SIGNIFICANT GIFT AMOUNTS (CHAIRS, LECTURES, ETC.). 3. ALL OFFICERS AND EMPLOYEES OF THE FOUNDATION ARE PROHIBITED FROM GIVING TO DONORS OR PROSPECTIVE DONORS ANY APPRAISAL OF ANY PROPERTY THAT MAY BE OFFERED TO OR ACCEPTED BY THE FOUNDATION. 16. PAGE 8, ARTICLE XIII, PARA. 1 - REQUIREMENTS FOR AMENDING THE BYLAWS ARE INTRODUCED, WHERE THEY WERE NOT NOTED PREVIOUSLY, THE PROTOCOLS ADDED ARE, "THE AMENDMENT OR REPEAL OF THESE BYLAWS MAY BE MADE BY THE BOARD AT ANY REGULAR OR SPECIAL MEETING UPON THE AFFIRMATIVE VOTE OF SEVENTY-FIVE PERCENT (75%) OF THE MEMBERS OF THE BOARD THEN IN OFFICE, PROVIDED THAT NOTICE OF ANY SUCH PROPOSED AMENDMENT OR REPEAL HAS BEEN GIVEN IN WRITING TO EACH MEMBER AT LEAST TEN DAYS PRIOR TO SAID MEETING." 17. PAGE 9, ARTICLE XV, PARA 7 - CORPORATE DISSOLUTION CLAUSE REWORDED: "UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE DIRECTOR DISTRIBUTES THE COMPLETED FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW. IF THE BOARD MEMBERS HAVE ANY QUESTIONS, THE EXECUTIVE DIRECTOR ADDRESSES THOSE INQUIRIES, PER THE PREVIOUS YEAR'S RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	1. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HESSHE SHALL LEAVE THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEMBERS THE PRESENTATION AT THE SHALL LEAVE THE MEETING DURRING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL DEVENTED AND THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER GISTORY OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. FO AN ORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN GBPS BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR ("ED"), WITH THE ASSISTANCE OF THE DIRECTOR OF FINANCE, CONDUCTS RESEARCH TO IDENTIFY FAIR AND EQUITABLE COMPENSATION RATES FOR THE MARKET THAT ARE COMMENSURATE WITH THE JOB DESCRIPTION, DUTIES, AND LEVEL OF EXPERIENCE. AS PART OF THE REGULAR BUDGET CYCLE, THE ED INCLUDES COSTS/TITLES FOR PROJECTED HIRES FOR THE UPCOMING YEAR AND INCLUDES THE RESULTS OF THE COMPENSATION RESEARCH. THE BOARD OF DIRECTORS THEN APPROVES OR CHANGES THE BUDGET AND LINE ITEMS. FOR HIRES OUTSIDE THE NORMAL BUDGET CYCLE, THE ED FORWARDS THE JOB DESCRIPTION, OFFER LETTER, AND SUPPORTING RESEARCH TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD THEN APPROVES OR MAKES A RECOMMENDATION TO CHANGE, THEN NEGOTIATES WITH THE INDIVIDUAL. FINAL APPROVAL OF THE COMPENSATION REQUIRES A VOTE OF THE MAJORITY OF THE BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19	GREEN BERET FOUNDATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED BY LETTER OR E-MAIL. GREEN BERET FOUNDATION THEN MAILS OR E-MAILS THOSE DOCUMENTS TO THE REQUESTER.
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 267,190. MANAGEMENT AND GENERAL EXPENSES 93,665. FUNDRAISING EXPENSES 14,326. TOTAL EXPENSES 375,181.

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR YEAR.

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

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