## Form **990**

**Return of Organization Exempt From Income Tax** 

2020

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

	For th	ne 2020 calendar y	ear, or tax year begin	ning		, 2020, a	nd endi	ng		, 20	)
_		if applicable:		mbat Veterans To C	areers.				D Emp	loyer identifica	
П		s change	Doing business as		,					45-518	
П	Name	•		O. box if mail is not delivered to stree	Room/sui	te	F Teler	ohone number			
二	Initial re	•	400 E Gulf Atl						,		75-4008
П		turn/terminated		vince, country, and ZIP or foreign pos	stal code				G Gros	ss receipts	7.0 1000
Ħ		ed return	Wildwood, FL 3		na. oodo				\$	, o 1000.pto	332,884
Ħ		tion pending		ncipal officer: David Booth				H(a) Is this a	-	for subordinates?	Yes X No
ш	, (pp.:.oc	acii ponanig	Same as C abov	·						tes included?	Yes No
	Tax-ex	empt status: X 501		) ◀ (insert no.) 4947(a)	(1) or	27				st. See instructi	
	Websit		ombatveteransto		(1) 01 0			H(c) Group 6			0110
		f organization: X Corp		ociation Other	1	Year of formation	on: 201			gal domicile:	FL
	rt I	Summary	porduor	October 5		. rear or formation	on. <b>201</b>	.2   \	State of 10	gai dominiono.	
	1		the organization's miss	ion or most significant activiti	ies. To n	rovide 3	60 de	grees o	f gur	nort and	
	'		=	nce the qualify of							
e		<u>oppor cunici</u>	res and to enne	ince the quarity of	. IIIC IO	I Our Co.	iiibac	veceran	5 and	. cherr .	Lamilies.
дu		-									
/eri	2	Check this hox	if the organization	n discontinued its operations	or disposed o	of more than :	25% of it	ts net asse	ts		
Governance	3			erning body (Part VI, line 1a)					1	I	7
	4	•		s of the governing body (Par							6
Activities &	5			n calendar year 2020 (Part V							3
Ę	6		volunteers (estimate if								<u></u>
Ac			•	Part VIII, column (C), line 12							0
				from Form 990-T, Part I, line							0
		b Net unrelated be	Janicaa taxabic iricomic	nomi om 550-1,1 arti, me		<u> </u>	<del></del>	Prior Year	.   15	Cur	rent Year
	8	Contributions and	d grants (Part VIII line	1h)					,245	Curi	67,671
ø	9		• ,	e 2g)					,395		265,068
ņ	10	-		A), lines 3, 4, and 7d)	1,183			145			
Revenue	11		Part VIII, column (A), lir		,103		143				
Ľ	12	•	. , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, column	,			449	8,823		332,884
	13			IX, column (A), lines 1-3) .	` ' '				3,883		4,100
	14			X, column (A), line 4)				30	,003		0
	15	•	,	e benefits (Part IX, column (A				8.0	,637		103,108
es				column (A), line 11e)			_	- 00	,031		0
Expenses			expenses (Part IX, co	, ,		23,450	•				
ă	17							360	,441		195,639
ш	18	•		equal Part IX, column (A), lir					,961		302,847
	19			18 from line 12					,138		30,037
		110101100 1000 07	portoco: Cubiract iii c	10 11011111110 12				nning of Curre			of Year
ts or	ଞ୍ଚ   ଅ	Total assets (Pa	rt X line 16)						,486	Liiu	190,596
t Assets or	ਲੋਂ   21 <u>ਲੋ</u>   21	,	,						454		175,527
Net /	22	,	,	line 21 from line 20					,968	)	15,069
	rt II	Signature					-	,	,,,,,,,	1	
Unc	ler pena	alties of perjury, I declare	that I have examined this retu	rn, including accompanying schedule			of my knov	vledge and bel	lief, it is		
true	, correc	t, and complete. Declarat	ion of preparer (other than off	icer) is based on all information of wh	ich preparer has	any knowledge.					
		David B	Booth								
Sig	jn	Signature of c							Da	ate	<del></del>
He	re	David E	Booth, Presiden	ıt							
			name and title								
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN	
Pai	id	RUTH N OS	BORNE MBA	RUTH N OSBORNE MBA				self-em	_	P0002	9321
	pare			CCOUNTING LLC		1	F	irm's EIN ▶			·
	e On			N OAK CENTER DR				hone no.			
				FL 32750					321-	444-603	)
May	, tha I	DS discuss this rotu		nown above? (see instruction	<i>c)</i>						Yes X No

Part IV

45-5187087

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	х	
b		ıια	Λ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
13	If "Yes," complete Schedule G, Part III	19		v
20 a	The state of the s	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Α.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_0.0		
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Х
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Λ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Par	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Officerial Officeria a response of flote to any line in this part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	х	
	-1 On (0			

## 20) Combat Veterans To Careers, Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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 goods	_		
	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

500	tion A Governing Rody and Management	• • •	<u> </u>	• 🕰
Sec	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
··u	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		Λ
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
1 <b>0</b> a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		37
<b>h</b>	with a taxable entity during the year?	16a		Х
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	16b		v
Sec	organization's exempt status with respect to such arrangements?	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

David Booth (352)775-4008, 400 E Gulf Atlantic Hwy, Wildwood, FL 34785

Form 990 (2)	020	D
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Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ted organizat	ion co	mper	nsat	ed a	ny curi	rent	officer, director, or	trustee.	
(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m es per d a di	rson is	nan one s both ar (/trustee) Highest compensated employee		(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) David Booth	40.00									
President				Х				32,500	0	0
(2) Augusto Baeta	5.00									
Director		х						0	0	0
(3) Gary Blanchard	5.00									
Director		х						0	0	0
(4) Trenny Hammond	5.00									
Director		х						0	0	0
(5) Stephen Printz	10.00									
Director		x						0	0	0
(6) Kathleen Wachowski	10.00									
Director		x						0	0	0
<u>(7)</u>								-	-	
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

Form **990** (2020)

						(C)								
	(A) Name and title		box	Position (do not check more than one box, unless person is both a officer and a director/trustee					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organization	le Estimation or		(F) ated and of other on the	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MIS	SC)	-	nization I organi	and izations
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	ion A .						. •	32,500		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho r	eceive	d mo	ore than \$100,000	of				(
3	Did the organization list any <b>former</b> officer, direct		-				-		•				Yes	No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re	eportable co	mpensa	ation	and	oth	er con	npen	sation from the		• • •	3		Х
	organization and related organizations greater the individual											4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>			-			-		ation or individual			5		х
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										vear.			
	(A)	oriodilo i i i i	110 041	ona	u. y.	<i>-</i>	, ida ig	*****	(B)		your.	(C)		
	Name and business addres	ss							Description of service	es	С	ompens	ation	
	Total number of independent contractors (includin	g but not lim	ited to	thos	se lis	sted	above)	) wh	0					

Form 990 (2020) Combat Vet
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	50 01 11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512-514
	b		1b					
nts	C	Fundraising events	1c	65,671				
Gra	d		1d	037071				
ifts, r An	e	Government grants (contributions)	1e	2,000				
nia Big	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f					
ibut	g	Noncash contributions included in						
on tr		lines 1a-1f	1g	\$				
ಶೆ ರ	h	Total. Add lines 1a-1f			67,671			
				Business Code				
4	2a	Business Donations		624100	19,180	19,180		
Program Service Revenue	b	Individual Donations		624100	115,264	115,264		
Ser	С	Grants		624100	5,000	5,000		
eve eve	d	Thrift Store		624100	121,124	121,124		
ogr <sub></sub>		Sponsorships		624100	4,500	4,500		
Ę	1	All other program service revenue						
	g	Total. Add lines 2a-2f			265,068			
	3	Investment income (including dividends, int						
	١.	other similar amounts)			145	145		
	4	Income from investment of tax-exempt bon						
	5	Royalties						
		(i) Rea	al .	(ii) Personal				
	6a							
	1	Less: rental expenses 6b  Rental income or (loss) 6c						
		` ′		(ii) Other				
	7a	Gross amount from (i) Securit	(ii) Other					
		other than inventory 7a						
	b	Less: cost or other basis						
Φ	~	and sales expenses 7b						
enne	c	Gain or (loss) 7c						
-		Net gain or (loss)						
Other Re	1	Gross income from fundraising						
₽		events (not including \$ 65,671						
		of contributions reported on line	_					
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising even	ts	▶				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	· <u></u>					
	10a	Gross sales of inventory, less						
		returns and allowances						
	1	Less: cost of goods sold						
	С	Net income or (loss) from sales of inventor	у					
				Business Code				
Snc	11a							
anc	b							
eve eve	C							
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d	• • •		332 884	265 213	0	0

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,100	4,100		
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	32,500	29,250	3,250	
6	Compensation not included above, to disqualified	327300	25,250	3,230	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	68,975	68,975		
8	Pension plan accruals and contributions (include	00,975	00,975		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
-	<del> </del>	1 (22	2 242	(41.5)	
10	Payroll taxes	1,633	2,049	(416)	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
С.	Accounting	3,192		3,192	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	15,486	15,486		
12	Advertising and promotion	7,550	7,550		
13	Office expenses	41,079	34,854	6,225	
14	Information technology				
15	Royalties				
16	Occupancy	78,089	49,416	28,673	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,337	779	3,558	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,327	3,894	433	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food	679		679	
b	Event Expenses	23,450			23,450
С	Program Expenses	17,450	17,450		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	302,847	233,803	45,594	23,450
26	Joint costs. Complete this line only if the	-	-	-	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here     □   if				
	following SOP 98-2 (ASC 958-720)				
	<u> </u>			L	Form 900 (2020)

Form 990 (2020)

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	11,944	1	166,511
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	6,543
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	17,542	8	17,542
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 15,064			
	b	Less: accumulated depreciation 10b 15,064		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	29,486	16	190,596
	17	Accounts payable and accrued expenses	44,454	17	9,999
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	165,528
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	44,454	26	175,527
		Organizations that follow FASB ASC 958, check here   ▶   ▼			
Se		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	(14,968)		15,069
3ak	28	Net assets with donor restrictions		28	
nd I		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	/14 010	31	15.010
Net	32	Total net assets or fund balances	(14,968)	32	15,069
	33	Total liabilities and net assets/fund balances	29,486	33	190,596

EEA Form **990** (2020)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ........

2c

3a

3b

х

the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

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

Department of the Treasury

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

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 950-LZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Combat Veterans To Careers, Inc 45-5187087 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 🗷 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C)

(D)

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

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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	207,127	383,885	201,979	279,346	142,748	1,215,085
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	207,127	383,885	201,979	279,346	142,748	1,215,085
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						18,172
6	Public support. Subtract line 5 from line 4						1,196,913
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	207,127	383,885	201,979	279,346	142,748	1,215,085
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				1,183	145	1,328
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1,216,413
12	Gross receipts from related activities, etc. (se	ee instructions)			. <b></b> . [	12	
13	First five years. If the Form 990 is for the or	ganization's fir	st, second, third	d, fourth, or fift	h tax year as a	a section 501(c)	)(3)
	organization, check this box and stop here						▶ 🗌
Sec	ction C. Computation of Public Suppor	rt Percentage	9				
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	led by line 11, o	column (f))		14	98.40 %
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organization	ation did not ch	eck the box on	line 13, and lin	ne 14 is 33 1/3°	% or more, che	ck this
	box and <b>stop here.</b> The organization qualified	es as a publicly	supported orga	anization			<b>▶</b> 🗵
k	33 1/3% support test - 2019. If the organization	ation did not ch	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	e, check
	this box and <b>stop here.</b> The organization qu	alifies as a pub	licly supported	organization.	. <b></b> .		▶ □
17a	10%-facts-and-circumstances test - 2020.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t				_	-	
	Part VI how the organization meets the facts	-and-circumsta	inces test. The	organization q	ualifies as a pu	ublicly supporte	ed
	organization						▶ □
k	10%-facts-and-circumstances test - 2019.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, 16l	b, or 17a, and I	ine
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac-	cts-and-circum	stances test. Th	ne organizatior	n qualifies as a	publicly suppo	orted
	organization						▶ □
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a	a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						▶ 🗌

45-5187087

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

Sec	ction A. Public Support		_				
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	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 fumished 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						
6	<b>Total.</b> Add lines 1 through 5						
7a	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	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	∟ ınization's first	second third	fourth or fifth	tax vear as a s	ection 501(c)(3	)
	organization, check this box and <b>stop here</b>				-		
Sec	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		-			16	%
	ction D. Computation of Investment Inc					1	
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 Se		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	=	-	-	•		

Part IV Support

### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
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8		
9a		
9b		
9с		
10a		
10b		

11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described in line 11a above?  c A 35% controlled ontity of a person described in line 11a bove? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations than the power to requisitly appoint or elect at least a majority of the organization's difficulty deficiency operated, supervised, or controlled the arganization's activities. If the organization had more then one supported organization, described by the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of the theory of the organization and what covalisins or restrictions, if, any, applied to auch powers during the any year.  2. Did the organization operate for the benefit of any supported organization and what covalisins or restrictions, if, any, applied to auch powers during the any year.  2. Did the organization operate for the benefit of any supported organization of the thin the supported organization's burst or trustees of each of the organization's surporting organization of the supported organization's burst or trustees of organization benefit carried out the purposes of the supported organization's burst or trustees of organization's directors or trustees during the tax year also a majority of the directors or trustees of organization's provided organization's powering documents in effect on the date of notification, and (iii) oppered organization's governing organization's directors or trustees of organization's powering documents in effect on the date of notification, and (iii) oppered organizati	Par	t IV Supporting Organizations (continued)			
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Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  2 Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions and supported organizations and explain how these activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further there exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in line 2a, above, constitute activities during the tax year directly furthered their exempt purposes, how the organization's supported organization's involvement, one or more of the organization's position that its supported organization deter			1		
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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	itions			
1						
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	ns A through E.		
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
	Mon A - Adjusted Net income		(A) I noi Teai	(optional)		
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_ 3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	ction C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	organization		

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Functionally Inte	grated 509(a)(3) Supporting	<b>Organizations</b>	(continued)
--------	--------------------------------	-----------------------------	----------------------	-------------

Sec	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10				
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	/

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

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Coml	oat Veterans To Careers, Inc		45-5	187087
Pai	t I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.	
	Complete if the organization answered "Yes" on			
	·	(a) Donor advised funds	(i	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised		
-	funds are the organization's property, subject to the organization	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
•	only for charitable purposes and not for the benefit of the donor		-	
	conferring impermissible private benefit?			Yes No
Pai	t II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
. u.	Complete if the organization answered "Yes" or	Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or edu	_	of a historical	ly important land area
	Protection of natural habitat	· —		historic structure
	Preservation of open space	Treservation e	n a confined i	misione su detaile
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onconvation	
_	easement on the last day of the tax year.	conservation contribution in the form of a c	Oriservation	
_			2a	Held at the End of the Tax Year
a h				
b	•	ture included in (a)		
ر ا	Number of conservation easements on a certified historic structure of conservation easements included in (a) acquired of	, ,		
d	Number of conservation easements included in (c) acquired af		2d	
2	3			lina the
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization du	iling the
4	tax year   Number of states where property subject to concernation concernation	ment is leasted.		
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			□ Vee □ Ne
6	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva-	uon easemer	its during the year
-	A second of a second in a second in a second in the second	a of violations and enfancing accompation		lunia a tha usaa
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and emorcing conservation	easements d	uning the year
	▶ \$ Does each conservation easement reported on line 2(d) above	a action, the requirements of acction 170/h)/	4\/D\/;\	
8				□ Vee □ Ne
0	In Part XIII, describe how the organization reports conservatio	n accompate in its revenue and expense at		U Yes U No
9				a tha
	balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.	e to the organization's illiancial statements t	nai describes	s trie
Dai	t III Organizations Maintaining Collections	of Art Historical Treasures or (	Othor Sim	ilar Accate
Гаі	Complete if the organization answered "Yes" of		Julei Siiii	iliai Assets.
10			halanaa ahaa	t works
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for public		rance or pub	onic .
<b>L</b>	service, provide, in Part XIII the text of the footnote to its finance.		naa ahaat uu	arka of
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in futtheral	nce of public	Service,
	provide the following amounts relating to these items:			
				<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas	_	ıın, provide th	ne
	following amounts required to be reported under FASB ASC 9	•		. •
а	· · · · · · · · · · · · · · · · · · ·			<b>\$</b>
b	Assets included in Form 990, Part X			▶ \$

Pai	t III Organizations Maintaining Col	llections of Art, His	torical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	ons and explain how they f	urther the organization's	s exempt purpose in Part	
	XIII.	, , , , , , , , , , , , , , , , , , , ,	<b></b>		
5	During the year, did the organization solicit or recei-	ive donations of art. histori	cal treasures, or other s	similar	
	assets to be sold to raise funds rather than to be m				
Pai	t IV Escrow and Custodial Arranger		9		
	Complete if the organization ansv		990. Part IV. line	9. or reported an am	nount on Form
	990, Part X, line 21.			o, o	
1a	Is the organization an agent, trustee, custodian or o	other intermediary for contr	ibutions or other assets	s not	
					🗆 Yes 🗆 No
b	If "Yes," explain the arrangement in Part XIII and co				
				A	mount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form 99				. Yes No
	If "Yes," explain the arrangement in Part XIII. Chec			•	
	t V Endowment Funds.	ACTION II THE EXPLANATION II	do boon provided on re		
	Complete if the organization answ	wered "Yes" on Form	990 Part IV line	10	
			ior year (c) Two year		k (e) Four years back
1a	Beginning of year balance	(2)	(6) 1110 year	(a) Three years say	(b) I but yours buok
b	Contributions				
c	Net investment earnings, gains, and				
·	losses				
d	Grants or scholarships				
u 0	Other expenditures for facilities and				
C	programs				
f	Administrative expenses				
	End of year balance				
g	-	or and halance (line 1 g. or	olumn (a)) hold as:		
2	Provide the estimated percentage of the current year	· -	numm (a)) neiu as.		
a L	Board designated or quasi-endowment ►  Permanent endowment ►  %	/0			
b	<del></del>				
С	Term endowment ▶ %	1.4000/			
2-	The percentages on lines 2a, 2b, and 2c should equ		-   -    - -	l fan tha	
3a	Are there endowment funds not in the possession	or the organization that are	e neid and administered	i for the	Van Na
	organization by:				Yes No
	,,				3a(i)
	(,	Pata dia a mandari dia a Oali			3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations	·			3b
4 Do:	Describe in Part XIII the intended uses of the organ		ds.		
Pai	t VI Land, Buildings, and Equipmen		000 Dort IV line	11a Cas Form 000	Dort V line 10
	Complete if the organization ansv				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
4-	Land	(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment		15,064	15,064	
<u>e</u>	Other	/ F	(5) " :- :		
Tota	. Add lines 1a through 1e. (Column (d) must equal	ıı ⊢orm 990, Part X, colum	nn (B), line 10c.,)		

Schedule D (Form	<u> </u>	Inc	45-	-5187087	Page :
Part VII	Investments - Other Securities.  Complete if the organization answered "Yes" on Fo	rm 000 Part IV li	no 11h Coo Eorm	000 Dort V	line 12
	(a) Description of security or category (including name of security)	(b) Book value		<ul> <li>c) Method of valuation</li> <li>r end-of-year market</li> </ul>	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	on (h) must acqual Form 000. Part V. cal. (P) line 12.)				
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.)				
I alt VIII	Complete if the organization answered "Yes" on Fo	rm 990 Part IV li	ne 11c. See Form	990 Part X	line 13
	(a) Description of investment	(b) Book value	,	<ul> <li>c) Method of valuation</li> <li>r end-of-year market</li> </ul>	
(1)				<u> </u>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.  Complete if the organization answered "Yes" on Fo	rm 000 Part IV/ li	no 11d Soo Earm	000 Part V	lino 15
	(a) Description	iiii 990, Fait IV, ii	ne i iu. See Foin	· ·	
(1)	(a) Description			(b) B	ook value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
$\overline{}$	n (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities.	000 D ( 1) ( 1)	44 446 0	<b>-</b>	D ( ) (
	Complete if the organization answered "Yes" on Fo line 25.	orm 990, Part IV, III	ne 11e or 11f. Se	e Form 990,	Part X,
1.	(a) Description of liability (b) Book	value			
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

(9)

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme		r Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial State		per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin		Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	

EEA Schedule D (Form 990) 2020

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

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer ide	ntification number
Combat Veterans To Careers,					45-51	
Part I Fundraising Activities	•	_		wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are not	•	•				
1 Indicate whether the organization rais	ed funds through	-	-			
a Mail solicitations		_		f non-government gra	ants	
<b>b</b> Internet and email solicitations				f government grants		
c Phone solicitations		g 🗌 :	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written or	oral agreement v	with any indivi	dual (includir	ng officers, directors,	trustees,	
or key employees listed in Form 990,	Part VII) or entity	in connection	n with profess	sional fundraising se	rvices?	es No
<b>b</b> If "Yes," list the 10 highest paid individ	duals or entities (f	undraisers) p	ursuant to ag	greements under which	ch the fundraiser is to b	е
compensated at least \$5,000 by the c	organization.					
(i) Name and address of individual		(iii) Did fur	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of	from activity	(or retained by	(or retained by)
		CONTIN	outions?		col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	1					
Total			•			
3 List all states in which the organization				ions or has been noti	fied it is exempt from	
registration or licensing.	-					

Schedule G (Form 990 or 990-EZ) 2020 Combat Veterans To Careers, Inc 45-5187087 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1  1 Reverse (event type)	(b) Event #2 (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	• , ,			
Da	11 rt II	Net income summary. Subtract line				
Га	וונוו	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ,		res on Form 990, Part	. iv, line 19, or reported	more than
		ψ10,000 0H1 0HH 030 LZ,	inic oa.	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	mn (d)		
9 a b	ls '	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:		these states?		🗌 Yes 🗌 No
		ere any of the organization's gaming l 'Yes," explain:		ed, or terminated during the		Yes No

### **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.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Combat Veterans To Careers, Inc	45-5187087
01. Form 990 governing body review (Part VI, line 11)	
The board will review prior to submission.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
The conflict of interest in policy is presented at each board meeting	and members are
asked if there is any.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
The board reviews the President's salary and determines the pay based	on similiar
salaries.	
04. Governing documents, etc, available to public (Part VI, line 19)	
By request	
05. General explanation attachment	
Schedule I, Part I, line 1 - individuals apply for services via the we	bsite. Once an
application is received, it is processed.	

990	Overflow Statement			<b>2020</b> Page 1
ame(s) as shown on return			FEIN	
ombat Veterans To Car	eers, Inc			45-5187087
<b>escription</b> ayroll taxes			_ <u>-</u>	<b>Amount</b> 7,93
D.C.				/ - 00/
		Total:	\$	2,049
escription				Amount
Taxes			_ \$_	238
		Total:	\$	(654 <b>-41</b> 6
escription dvertising andscaping				Amount 14,48 1,00 15,48
escription eneral ads				<b>Amount</b> 5,71
hrift Store				
shirts				620
		Total:	\$	7,550

990 Overflow Statement	<b>2020</b> Page 2
Name(s) as shown on return	FEIN
Combat Veterans To Careers, Inc	45-5187087

Description	Amount
Auto expenses	\$ 9,373
Computer and website	274
Credit Card Processing Fees	5,024
Permits and Fees	101
Misc	244
Dues and subscriptions	<u> </u>
General office expenses	5,900
Printing and copying	1,261
Repairs and Maintenance	1,440
Postage	72
Storage rent	10,184
Sponsorships and Tradeshows	250
Misc Taxes	336
Total:	\$ <u>34,854</u>

Description		Amount
MBank Service Fees	\$	216
MComputer and website		107
MTaxes		249
MMisc		(86)
MDues and Subscriptions		1,028
MGeneral Office expenses		2,961
MCredit Card Processing		1,187
MPostage and Delivery		563
=	Total: \$	6,225

Description		Amount
Security	\$	384
Thrift Store rent		38,100
<u>Utilities</u>		7,015
Telephone		2,917
Office rent		1,000
	Total: \$	49,416

990 Overflow Statement	<b>2020</b> Page 3
Name(s) as shown on return	FEIN
Combat Veterans To Careers, Inc	45-5187087

Description		Amount
MRent	\$	14,300
MUtilities		3,098
MTelephone		11,275
	Total: \$	28,673

Description	Amount	
Food	\$ 2,239	
Prizes	10,000	
Supplies	2,962	
Marketing	6,294	
Rent	1,955	
Total:	\$ <u>23,450</u>	

Description	Amount	
Asst for Daily Living	\$	2,806
Educational		1,557
Misc		3,758
Professional support		1,138
Therapeutic		6,239
Transportation		952
Scholarships		1,000
Total:	\$	17,450