

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FORCESUNITED, INC.		D Employer identification number 26-1176267
	Doing business as		E Telephone number (706)951-7506
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	701 GREENE STREET, STE 104		G Gross receipts \$ 2,240,999.
	City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, GA 30901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: HOLLIS BUSH 701 GREENE STREET, STE 104, AUGUSTA, GA 309		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: ▶ FORCESUNITED.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2007	M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FORCESUNITED IS THE ONLY LOCAL ORGANIZATION OF ITS KIND THAT CONNECTS TRANSITIONING SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,341,868.	Current Year 2,223,347.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-124.	-34,014.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,341,744.	2,189,333.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		776,684.	567,038.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,791.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		569,036.	634,149.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,345,720.	1,201,187.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,976.	988,146.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 504,786.	End of Year 667,905.
	21 Total liabilities (Part X, line 26)	65,355.	170,328.
	22 Net assets or fund balances. Subtract line 21 from line 20	439,431.	497,577.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	HOLLIS BUSH, INTERM PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JANICE A RATICA	Preparer's signature <i>Janice A Ratica</i>	Date 11/04/21	Check if self-employed <input type="checkbox"/>	PTIN P00358837
	Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC	Firm's EIN ▶ 57-0381582		Phone no. (704) 333-8881	
Firm's address ▶ 500 EAST MOREHEAD STREET, SUITE 700 CHARLOTTE, NC 28202					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
FORCESUNITED, INC. ESTABLISHED IN 2007 (FORMERLY KNOWN AS AUGUSTA WARRIOR PROJECT, INC.), IS A DEDICATED VETERAN ADVOCACY ORGANIZATION, WHICH LEADS TRANSITIONING SERVICE MEMBERS, ALL VETERANS REGARDLESS OF THEIR SERVICE OR STATUS, AND THEIR FAMILIES TO RESOURCES WHICH EMPOWER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 903,358. including grants of \$) (Revenue \$)
FORCESUNITED'S PROGRAMS AND SERVICES PROMOTE LIFE-CHANGING OPPORTUNITIES TO BUILD A BETTER TOMORROW FOR THOSE WHO HAVE SERVED, ASSISTING THEM IN ACHIEVING WHAT THEY FOUGHT FOR: FREEDOM AND INDEPENDENCE. FORCESUNITED'S TEAM TRULY UNDERSTANDS THE UNIQUE CHALLENGES AND GOALS OF OUR FELLOW WARRIORS, BECAUSE OVER 80% OF OUR TEAM IS A VETERAN AND/OR FAMILY MEMBER. THROUGHOUT 2020, DURING A TIME OF NATIONAL CRISIS, OUR TEAM'S COMMITMENT TO PROUDLY SERVING THOSE WHO HAVE SERVED ENSURED STRONG COORDINATED COMMUNITY CARE SPANNING A TWENTY-COUNTY AREA IN GEORGIA AND A THIRTEEN-COUNTY AREA IN SOUTH CAROLINA.
FORCESUNITED'S 2020 METRICS ILLUSTRATE THE NUMBER OF LIVES IMPACTED IN THE LOCAL AREA:

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
PROGRAM SERVICE HIGHLIGHTS OF 2020. INCLUDE:
GUIDESTAR RATING BY CANDID: FORCESUNITED FIRST RECEIVED THE PLATINUM SEAL OF TRANSPARENCY ON GUIDESTAR IN 2018 AND WE ARE PROUD TO DISPLAY THIS SEAL AND RATING BY GUIDESTAR IN 2020. WE REMAINED AMONG THE TOP NONPROFITS AWARDED THE PLATINUM SEAL OF TRANSPARENCY, GUIDESTAR'S HIGHEST LEVEL OF RECOGNITION. GUIDESTAR IS THE WORLD'S LARGEST RESOURCE FOR NONPROFIT INFORMATION WITH DATA ON 2.7 MILLION CURRENT AND FORMERLY IRS-RECOGNIZED NONPROFITS, AND THE ONLY PROGRAM OF ITS KIND THAT ENCOURAGES NONPROFIT TRANSPARENCY ON A NATIONAL SCALE. GUIDESTAR SERVES TO VERIFY THAT A NONPROFIT IS ESTABLISHED AND THAT DONATED FUNDS GO WHERE THE DONOR INTENDED. WE ARE PROUD TO DEMONSTRATE OUR COMMITMENT TO TRANSPARENCY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
WARRIOR SUPPORT: THROUGHOUT THE YEAR FORCESUNITED CONTINUED TO ADVOCATE FOR VETERANS AND THEIR FAMILIES THROUGH OUR COMPREHENSIVE SERVICES NETWORK AND SUPPORTIVE COMMUNITY PARTNERS. MANY OF THE DIVERSE NEEDS AND LOGISTICAL CHALLENGES FORCESUNITED ASSISTED WITH WERE OFTEN RESOLVED WITHIN HOURS DUE TO THE TREMENDOUS COLLABORATIVE EFFORTS AND COMMUNITY CONNECTIONS FORCESUNITED HAS THROUGHOUT OUR AREAS IN GEORGIA AND SOUTH CAROLINA. SOME OF THE UNIQUE NEEDS INCLUDED TRANSPORTATION, LEGAL ASSISTANCE, FOOD ASSISTANCE, MONEY MANAGEMENT, CLOTHING, HOUSEHOLD GOODS, RESIDENTIAL FURNITURE FOR FAMILIES MOVING INTO TRANSITIONAL HOUSING, BEDS AND BEDDING, TOOLS FOR EMPLOYMENT, AND ASSISTANCE WITH A VARIETY OF HEALTH AND WELLNESS NEEDS.
PREVENTION ASSISTANCE PROGRAM: IN 2020, FORCESUNITED WAS AWARDED FIVE

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 903,358.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms 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?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section 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 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.		
1b	Enter the number of voting members included on 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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 with a taxable entity during the year?		X
16b	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 C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA, SC**
- 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 Another's website Upon request Other (explain on Schedule O)
- 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 **HOLLIS BUSH - 706-434-1752**
701 GREENE ST, STE 104, AUGUSTA, GA 30901

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTORIA HANN PRESIDENT/CEO STARTED 10/1	40.00			X				81,769.	0.	0.
(2) AMY S. PALOWITCH THRU 6/25/2021 DIRECTOR, FINANCE & OPERAT	40.00			X				66,231.	0.	0.
(3) KIM ELLE PRESIDENT/CEO RETIRED 3/30	40.00			X				32,500.	0.	0.
(4) JAMES HEFFNER DIRECTOR	20.00	X						0.	0.	0.
(5) WENDY PERRY DIRECTOR	20.00	X						0.	0.	0.
(6) BILL GEIGER DIRECTOR	20.00	X						0.	0.	0.
(7) TONY ROBINSON, PHD DIRECTOR	20.00	X						0.	0.	0.
(8) SAM TYSON CHAIRMAN	20.00	X		X				0.	0.	0.
(9) GEMMAN FROCK, PHD CHAIR ELECT	20.00	X		X				0.	0.	0.
(10) RICHARD MARSHALL TREASURER	20.00	X		X				0.	0.	0.
(11) JANET GALLO SECRETARY	20.00	X		X				0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,223,347.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,223,347.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		341.		341.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	17,311.		
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	51,666.			
	c	Gain or (loss)	7c	-34,355.			
	d	Net gain or (loss)		-34,355.		-34,355.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		2,189,333.	0.	0.	-34,014.	

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 **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,500.	87,125.	12,300.	3,075.
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	367,629.	312,485.	44,115.	11,029.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	61,729.	52,470.	7,407.	1,852.
10 Payroll taxes	35,180.	29,903.	4,222.	1,055.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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 Sch. O.)	267,737.	77,432.	85,018.	105,287.
12 Advertising and promotion	6,572.	6,572.		
13 Office expenses	36,312.	30,865.	4,358.	1,089.
14 Information technology				
15 Royalties				
16 Occupancy	48,056.	40,848.	5,766.	1,442.
17 Travel	4,715.	4,008.	566.	141.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,355.	14,752.	2,082.	521.
23 Insurance	4,364.	3,709.	524.	131.
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.)				
a PROGRAM EXPENSE	178,491.	178,491.		
b EQUIPMENT MAINTENANCE	20,245.	20,245.		
c WEBSITE DESIGN	17,214.	14,632.	2,066.	516.
d UTILITIES	11,310.	11,310.		
e All other expenses	21,778.	18,511.	2,614.	653.
25 Total functional expenses. Add lines 1 through 24e	1,201,187.	903,358.	171,038.	126,791.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	248,561.	1	482,916.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	60,498.	3	55,315.
	4 Accounts receivable, net		4	
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 185,316.		
	b Less: accumulated depreciation	10b 98,913.	101,817.	10c 86,403.
	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	90,000.	13	39,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,910.	15	4,271.
16 Total assets. Add lines 1 through 15 (must equal line 33)	504,786.	16	667,905.	
Liabilities	17 Accounts payable and accrued expenses	65,355.	17	24,183.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	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). Complete Part X of Schedule D	0.	25	146,145.
	26 Total liabilities. Add lines 17 through 25	65,355.	26	170,328.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	388,082.	27	403,001.
	28 Net assets with donor restrictions	51,349.	28	94,576.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	439,431.	32	497,577.
	33 Total liabilities and net assets/fund balances	504,786.	33	667,905.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,189,333.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,201,187.
3	Revenue less expenses. Subtract line 2 from line 1	3	988,146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	439,431.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-930,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	497,577.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1334174.	998,583.	1108230.	1341868.	2223347.	7006202.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1334174.	998,583.	1108230.	1341868.	2223347.	7006202.
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)						439,203.
6 Public support. Subtract line 5 from line 4.						6566999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1334174.	998,583.	1108230.	1341868.	2223347.	7006202.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					341.	341.
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 Total support. Add lines 7 through 10						7006543.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.73 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.79 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 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 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						
6 Total. 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total 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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

FORCESUNITED, INC.

Employer identification number

26-1176267

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization FORCESUNITED, INC.	Employer identification number 26-1176267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 222,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 91,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORCESUNITED, INC.	Employer identification number 26-1176267
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FORCESUNITED, INC.	Employer identification number 26-1176267
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **FORCESUNITED, INC.** Employer identification number **26-1176267**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		103,152.	55,058.	48,094.
d Equipment		82,164.	43,855.	38,309.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 86,403.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) AWP REAL PROPERTY LLC	39,000.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	39,000.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PLAN LOAN	146,145.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	146,145.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, 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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	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 revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	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

Part XIII Supplemental Information.

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.

PART X, LINE 2:

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED ADVISED FUNDS

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FORCESUNITED, INC.

Employer identification number

26-1176267

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**MEMBERS, VETERANS AND THEIR FAMILIES, FROM ALL ERAS, WITH PROGRAMS AND
RESOURCES TO MITIGATE CRISIS, IMPROVE THEIR LIVES AND EMPOWER THEM TO
PROSPER IN THE COMMUNITY.**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**THEM TO CREATE AND LIVE A MORE FULFILLING LIFE. FORCESUNITED'S MODEL
IS BASED ON DEVELOPING PROACTIVE RELATIONSHIPS WITH EACH WARRIOR TO
SUPPORT THEM WITH ACHIEVING THEIR INDIVIDUAL GOALS AND TO PREVENT OR
MITIGATE LIFE CRISIS BY HOLISTICALLY ADDRESSING ISSUES EARLY AND
COLLECTIVELY WITH OUR COMMUNITY PARTNERS. FORCESUNITED'S LOCAL
OPERATIONS AND ASSISTANCE INCLUDE NOT ONLY ACCESSING SERVICE-CONNECTED
BENEFITS BUT UTILIZING A VAST RANGE OF COMPREHENSIVE RESOURCES FOR
EDUCATIONAL PROGRAMS, JOB TRAINING, EMPLOYMENT, HOUSING, HEALTH CARE,
AND OTHER NEEDED SERVICES AND PROGRAMS. OUR COLLABORATIVE
RELATIONSHIPS WITH LOCAL, STATE, AND NATIONAL ORGANIZATIONS ENSURE THIS
WELL-DESERVED SUPPORT FOR OUR WARRIORS.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- 19,819 TOTAL WARRIORS ASSISTED SINCE FOUNDED IN 2007**
- 485 NEW WARRIORS REGISTERED AND SERVED IN 2020**
- 2581 INDIVIDUALS WERE SUPPORTED, AND THE TEAM PROVIDED 2856 SERVICE
EPISODES IN 2020:**
 - o 1,238 WARRIORS AND THEIR FAMILIES PROVIDED WITH HOUSING ASSISTANCE
AND RESOURCES TO MAINTAIN STABLE HOUSING**
 - o 53 WARRIORS GAINED EMPLOYMENT**

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FORCESUNITED, INC.	Employer identification number 26-1176267
---	---

O 454 WARRIORS ASSISTED WITH EMPLOYMENT-RELATED ACTIVITIES

O 73 WARRIORS ASSISTED WITH POST-SECONDARY EDUCATION BENEFITS

O 359 WARRIORS ASSISTED WITH ACCESSING HEALTH CARE BENEFITS

O 191 WARRIORS PROVIDED WITH FOOD ASSISTANCE AND RESOURCES

O 69 WARRIORS ASSISTED WITH TRANSPORTATION NEEDS

O 43 WARRIORS CONNECTED WITH LEGAL ASSISTANCE

O 6 WARRIORS CONNECTED WITH MONEY MANAGEMENT ASSISTANCE

O 266 WARRIORS PROVIDED WITH HEALTH & WELLNESS RESOURCES AND SUPPORTIVE SERVICES

O 104 WARRIORS ASSISTED WITH UNIQUE INDIVIDUAL AND FAMILY SUPPORT NEEDS

OF THE 485 NEW WARRIORS SERVED IN 2020:

GENDERS WERE:

MALE = 347

FEMALE = 138

AGES OF WARRIORS WERE:

0-15 = 0

16-25 = 17

26-44 = 190

45-64 = 199

65-74 = 58

75+ = 11

UNDISCLOSED = 10

MILITARY SERVICE BRANCHES:

ARMY = 288

AIR FORCE = 40

Name of the organization FORCESUNITED, INC.	Employer identification number 26-1176267
---	---

NAVY = 81

MARINES = 29

COAST GUARD = 7

UNKNOWN = 3

SERVICE ERAS (NOTE: SOME WARRIORS SERVED IN MORE THAN ONE SERVICE ERA):

WWII = 2

BETWEEN WWII AND KOREAN WAR = 0

KOREAN WAR = 3

BETWEEN KOREAN WAR AND VIETNAM WAR = 3

VIETNAM WAR = 47

POST-VIETNAM WAR = 123

PERSIAN GULF WAR = 63

POST 9/11 = 194

UNKNOWN = 17

***30= SPOUSE OR FAMILY MEMBER

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

11 TO 11 CAMPAIGN: FORCESUNITED KICKED OFF THE ELEVEN TO ELEVEN CAMPAIGN ON 9/11, PATRIOTS DAY, WITH DIFFERENT EVENTS AND PROGRAMMING HIGHLIGHTS UNTIL VETERANS DAY ON 11/11. THIS CAMPAIGN WAS CREATED TO HONOR, SUPPORT AND HIGHLIGHT ALL THOSE WHO HAVE SERVED OUR COUNTRY AND STEPPED UP TO BE HELP ON THE HOMEFRONT. DOZENS OF COMMUNITY PARTNERS CAME TOGETHER DURING THIS TIME TO BRING AWARENESS AND SUPPORT FOR THOSE WHO FORCESUNITED SERVES ACROSS THE REGION.

MONTHLY ASSOCIATION OF THE UNITED STATES ARMY BREAKFASTS: THE MONTHLY BREAKFASTS ON FORT GORDON, GEORGIA BROUGHT TOGETHER, ACTIVE DUTY

Name of the organization FORCESUNITED, INC.	Employer identification number 26-1176267
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LEADERSHIP AND COMMUNITY PARTNERS TO DISCUSS AND COLLABORATE ON FORT GORDON'S MISSIONS AND INITIATIVES WHICH ALLOWS FORCESUNITED TO BEST SUPPORT TRANSITIONING VETERANS AND THEIR FAMILIES IN THE AREAS OF EDUCATION, BENEFITS, EMPLOYMENT, HOUSING AND HEALTH/WELLNESS.

NEW NAME. SAME MISSION. STILL LOCAL! ONE OF THE BIGGEST HIGHLIGHTS OF 2018-2019 WAS OUR DECISION TO REBRAND THE ORGANIZATION TO FORCESUNITED (SPELLED AS ONE WORD) AND WE ARE STILL "GETTING THE WORD OUT" ON THIS! WHILE THE DECISION TO MAKE THIS CHANGE WAS NOT AN EASY ONE BASED ON THE HISTORY THE AUGUSTA WARRIOR PROJECT (AWP) HAS HAD THROUGHOUT THE REGION, IT WAS MADE TO BETTER CAPTURE OUR TRUSTED HOLISTIC MISSION AND REPRESENT THE GREATER SUM OF OUR ENTIRE COMMUNITY, THE ORGANIZATIONS AND PEOPLE WHO UNITE WITH OUR TEAM TO HELP OUR BRAVE WARRIORS CREATE THE LIVES THEY SO RICHLY DESERVE. OUR NEW NAME ALSO ENABLES US TO BETTER PRESENT OURSELVES AS THE TRULY LOCAL AND COMPLETE VETERAN ADVOCACY ORGANIZATION IN OUR AREAS OF GEORGIA AND SOUTH CAROLINA BY CONSOLIDATING OUR PREVIOUS PUBLIC PRESENCE OF AUGUSTA WARRIOR PROJECT, AWP, AIKEN WARRIOR PROJECT, AND AIKEN-AUGUSTA WARRIOR PROJECT INTO ONE CLEAR AND CONCISE NAME.

WARRIOR SUCCESS CENTER: FORCESUNITED'S HEADQUARTERS AND WARRIOR SUCCESS CENTER (WSC) LOCATED IN DOWNTOWN AUGUSTA PROVIDES US WITH A CENTRAL LOCATION AND BETTER PROXIMITY TO THE VA HOSPITALS, THE MILITARY INSTALLATION, MANY OF OUR COMMUNITY PARTNERS AND RESOURCES, AND THE GROWING AREAS WE SERVE IN GEORGIA AND SOUTH CAROLINA. THE WARRIOR SUCCESS CENTER SERVES AS A HUB FOR TRANSITIONING SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES WHO ARE SEEKING CRUCIAL CONNECTIONS AND ADVOCACY TO ENSURE TRANSITIONAL SUCCESS IN AREAS SUCH AS: VETERAN BENEFITS, EMPLOYMENT, EDUCATION, HOUSING, EMERGENCY SERVICES, HEALTH CARE, AND WELLNESS. DUE TO THE GENEROSITY OF A COMMUNITY PARTNER, WE

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WERE ABLE TO UPDATE OUR COMPUTER WORKSTATIONS ENHANCING THE TOOLS AND RESOURCES AVAILABLE FOR OUR WARRIORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANTS RESTRICTED SOLELY TO THE PURPOSE OF OUR PREVENTION ASSISTANCE PROGRAM. THESE GRANTS MADE IT POSSIBLE FOR US TO INCREASE OUR HOLISTIC CARE OF WARRIORS AND THEIR FAMILIES BY PROVIDING CRITICAL ASSISTANCE AND COORDINATING SERVICES SUCH AS: EVICTION PREVENTION, TEMPORARY HOUSING, EMERGENCY LODGING, HOME REPAIRS, UTILITY ASSISTANCE, TRANSPORTATION NEEDS, AND PERSONAL ITEMS FOR LOW-INCOME AND HOMELESS WARRIORS.

TRANSITION AND REINTEGRATION (T&R) PROGRAM: OUR T&R PROGRAM SERVES HUNDREDS OF WARRIORS EACH YEAR, CONNECTING THEM WITH SOLUTIONS FOR UTILIZING THEIR HEALTH CARE BENEFITS, EDUCATION BENEFITS, FINDING MEANINGFUL EMPLOYMENT, AND MAINTAINING STABLE HOUSING. THESE VITAL SERVICES ARE READILY AVAILABLE BECAUSE OF FORCESUNITED'S MANY PARTNERSHIPS WITH BUSINESSES, INSTITUTIONS OF HIGHER EDUCATION, SOCIAL SERVICE AGENCIES, AND WITH THE LOCAL VA AND MILITARY INSTALLATION. OUR T&R ADVOCATES FACILITATE THIS PROACTIVE PROGRAM OF ENGAGING WARRIORS ACROSS THE VARIOUS STAGES OF TRANSITIONING OUT OF THE MILITARY AS WELL AS HELPING TO ALLEVIATE THE FEAR AND STRESS OFTEN ASSOCIATED WITH THE MANY LEVELS OF REINTEGRATION INTO CIVILIAN LIFE.

EMPLOYMENT SERVICES: FORCESUNITED'S EMPLOYMENT SERVICES ASSISTS TRANSITIONING SERVICE MEMBERS, VETERANS, AND THEIR SPOUSES WITH ALL-ENCOMPASSING EMPLOYMENT NEEDS. THIS PROGRAM OPERATES FROM TWO ANGLES, WORKING WITH BOTH EMPLOYERS AS WELL AS OUR VETERAN CLIENTS. WE CULTIVATE COMMUNITY RELATIONSHIPS AND EDUCATE EMPLOYERS ON THE BENEFITS AND INCENTIVES FOR HIRING VETERANS. FORCESUNITED BOOSTS AWARENESS OF

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THE ADVANTAGES OF HIRING VETERANS AND THE VALUE THAT THEIR KNOWLEDGE, SKILLS, AND EXPERIENCE LEND TO WORKPLACES. WE ASSIST WITH TALENT ACQUISITION BY PROVIDING EMPLOYERS WITH QUALIFIED CANDIDATES FOR THEIR JOB OPENINGS. SIMULTANEOUSLY, WE SEEK EMPLOYERS WHO ARE WILLING TO WORK WITH HOMELESS AND PREVIOUSLY INCARCERATED POPULATIONS AND HELP THOSE VETERANS TO SECURE THE POSITIONS. FROM THE OTHER ANGLE, FORCESUNITED PROVIDES VETERANS WITH ONE-ON-ONE ADVOCACY TO ASSIST THEM WITH JOB SEEKING READINESS, RESUME ASSISTANCE, INTERVIEW SKILLS, CAREER DEVELOPMENT, AND GAINFUL EMPLOYMENT. ASIDE FROM INDIVIDUAL TALENT ACQUISITION AND CASE MANAGEMENT, FORCESUNITED ALSO PROVIDES OPPORTUNITIES TO BRING OUR VETERAN CLIENTS IN FRONT OF COMMUNITY PARTNERS IN A PROFESSIONAL DEVELOPMENT ENVIRONMENT USING EMPLOYMENT TRANSITION BOOT CAMPS. THESE BOOT CAMPS SERVE MORE WARRIORS CONCURRENTLY IN ALL STAGES OF EMPLOYMENT NEEDS. THE BOOT CAMPS PROVIDE VALUABLE UP TO DATE INFORMATION AND BEST PRACTICES FROM LOCAL HR PROFESSIONALS COVERING AREAS SUCH AS RESUME WRITING, SKILLS AND STRENGTH IDENTIFICATION AND PRIORITIZATION, SOCIAL MEDIA IMPORTANCE, LINKEDIN PROFILES, INTERVIEW SKILLS, AND WAGE NEGOTIATION, AS WELL AS PROVIDING PROFESSIONAL HEADSHOTS BY AN ON-SITE PHOTOGRAPHER. IN 2020, FORCESUNITED HOSTED OUR FIRST EVER VIRTUAL BOOT CAMP FACILITATED IN COLLABORATION WITH COMMUNITY PARTNERS AND OUR ADVOCATES THAT PROVIDED VALUABLE INSIGHT TO CAPTURING EMPLOYMENT OPPORTUNITIES. ADDITIONALLY, FORCESUNITED ADDED SMALLER, VIRTUAL TRAININGS TO ASSIST MILITARY CONNECTED INDIVIDUALS IN ONLINE SOCIAL PROFILE BUILDING, ONLINE JOB SEARCHES, AND VIRTUAL JOB FAIRS.

BENEFITS: FORCESUNITED PROVIDE SERVICE MEMBERS AND VETERANS WITH ACCURATE AND UP-TO-DATE INFORMATION ON BENEFITS ELIGIBILITY FOR WHICH THEY CAN APPLY FOR. MAINTAIN A MATRIX FOR TRACKING BENEFIT SERVICES

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PROVIDED TO VETERAN, MILITARY SERVICE MEMBERS, AND THEIR FAMILIES. IDENTIFY AND FOLLOW-UP WITH REFERRALS FROM INTAKE FOR VETERAN, MILITARY SERVICE MEMBERS, AND THEIR FAMILIES TO ENSURE THEY ARE RECEIVING ALL INFORMATION REGARDING BENEFITS ELIGIBILITY. ASSIST WITH ENSURING VETERANS ARE AWARE OF PROGRAMS AND RESOURCES THAT AIDS IN IMPROVING THEIR LIVES. ASSIST VETERANS IN NAVIGATING THROUGH THE PROCESS OF SUBMITTING FOR THE VA BENEFITS. TO INCLUDE BUT NOT LIMITED TO; ASSIST WITH COMPLETING ANY FORMS I.E... RECORDS REQUEST, DD 214 REQUEST, NEW OR INCREASE IN VA SERVICE CONNECTION CLAIMS, UNDERSTANDING VA RATING LETTER, SURVIVOR BENEFITS (DIC, WIDOW(ER) PENSION), APPEALS, AND VA RECONSIDERATIONS. ASSIST WITH GATHERING DOCUMENTATION, AND BUILDING SERVICE CONNECTION CLAIM, PENSION, AND DISCHARGE UPGRADES. RESPOND TO ANY REQUESTS FROM NATIONAL GUARD AND RESERVE UNITS IN THE SURROUNDING AREA THAT NEED INFORMATION AND ASSISTANCE WITH VA BENEFITS INFORMATION. EXPLAINS BENEFIT PROGRAMS AND ENTITLEMENT CRITERIA, CONDUCTS INTERVIEWS, IDENTIFIES ISSUES, GATHERS RELEVANT EVIDENCE, ADJUDICATES CLAIMS, AND INPUTS DATA NECESSARY TO GENERATE THE AWARD AND NOTIFICATION LETTER TO THE VETERAN DESCRIBING THE DECISION AND THE REASON FOR IT. ASSIST IN MONETARY BENEFIT PAID TO VETERANS WITH DISABILITIES THAT ARE THE RESULT OF A DISEASE OR INJURY INCURRED OR AGGRAVATED DURING ACTIVE MILITARY SERVICE. THE BENEFIT AMOUNT IS GRADUATED ACCORDING TO THE DEGREE OF THE VETERAN'S DISABILITY ON A SCALE FROM 10 PERCENT TO 100 PERCENT (IN INCREMENTS OF 10 PERCENT). IT IS POSSIBLE TO HAVE A NON-COMPENSABLE RATING (ZERO PERCENT) FOR A DISABILITY AS WELL. THE VETERAN CAN RECEIVE FREE TREATMENT IN THE VA MEDICAL SYSTEM FOR SUCH A CONDITION BUT WILL NOT RECEIVE MONETARY COMPENSATION FOR IT. DEPENDENCY AND INDEMNITY COMPENSATION (DIC) BENEFITS ARE GENERALLY PAYABLE TO THE SURVIVORS OF SERVICEMEMBERS WHO

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DIED WHILE ON ACTIVE DUTY OR SURVIVORS OF VETERANS WHO DIED FROM THEIR SERVICE-CONNECTED DISABILITIES. PENSION PROGRAMS ARE DESIGNED TO PROVIDE INCOME SUPPORT TO VETERANS WITH WARTIME SERVICE AND THEIR FAMILIES FOR A NONSERVICE-CONNECTED DISABILITY OR DEATH. THESE PROGRAMS ARE FOR LOW-INCOME VETERANS AND SURVIVORS. BURIAL AND INTERMENT ALLOWANCES ARE PAYABLE FOR CERTAIN VETERANS. A HIGHER RATE OF BURIAL ALLOWANCE APPLIES IF THE VETERAN'S DEATH IS SERVICE-CONNECTED.

(CONT'D ON 4D)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

(CONT'D FROM 4C) EDUCATION: FORCESUNITED ACCESS THE INTERNET DAILY TO REMAIN CURRENT WITH THE UPDATES AND CHANGES CONCERNING THE GI BILL EDUCATION BENEFITS, AS WELL AS COMMUNICATE WITH VA REPRESENTATIVES TO IDENTIFY THE LATEST CHANGES IN POLICIES. WORK WITH VETERANS FROM VARIOUS EDUCATIONAL BACKGROUNDS. WORK IN A VARIETY OF SETTINGS WITH CULTURALLY DIVERSE VETERANS SERVICE MEMBERS, AND FAMILIES WITH THE ABILITY TO BE CULTURALLY SENSITIVE. WORK ON COMPUTERS FOR EXTENDED PERIODS OF TIME DEVELOPING AND UPDATING INFORMATION AND REPORTS CONCERNING FORCESUNITED, AUGUSTA TECH STUDENT-VETERANS ASSOCIATION. IDENTIFY AND CHARACTERIZE THE FOLLOWING INDIVIDUALS AND/OR GROUPS BASED ON MILITARY STATUS AND TYPE OF THE TUITION ASSISTANCE (TA) OR VA EDUCATION BENEFITS THEY ARE ELIGIBLE FOR (I.E.): ACTIVE DUTY SERVICE MEMBERS, GUARD & RESERVE MEMBERS, VETERANS & RETIREES, AND FAMILY MEMBERS. PROVIDE SERVICE MEMBERS AND VETERANS WITH ACCURATE AND UP-TO-DATE INFORMATION ON THE DIFFERENT CATEGORIES OF EDUCATIONAL BENEFITS FOR WHICH THEY CAN APPLY FOR. MAINTAIN AN EXTENSIVE SEMESTER REPORT FOR TRACKING VETERAN AND MILITARY AFFILIATED ENROLLMENT STATUS. IDENTIFY AND FOLLOW-UP WITH STUDENT-VETERANS TO ENSURE THEY ARE

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MAXIMIZING THEIR EDUCATIONAL BENEFITS. COORDINATE WITH SCHOOL
 CERTIFYING OFFICIAL, AND VA VOC/REHAB CASE MANAGERS TO ENSURE VETERANS
 ARE RECEIVING ACCURATE INFORMATION RELATED TO VA EDUCATIONAL BENEFITS.
 ASSIST WITH ENSURING STUDENT-VETERANS ARE AWARE OF PROGRAMS THAT AIDS
 IN THEIR ACADEMIC SUCCESS AND GRADUATION BY ACTING AS A LIAISON BETWEEN
 THE STUDENT AND CAMPUS SERVICES (I.E., COUNSELING CENTER, CAREER
 CENTER, SUCCESS CENTER, ACADEMIC ADVISORS, AND PROGRAM ADVISORS).
 BECOME AWARE OF AND MAKE USE OF THE AUGUSTA TECHNICAL COLLEGE EARLY
 ALERT SYSTEM. ASSIST VETERANS IN NAVIGATING THROUGH THE PROCESS OF
 SUBMITTING FOR THEIR VA GI BILL EDUCATIONAL CERTIFICATE OF ELIGIBILITY
 (COE). RESPOND TO ANY REQUESTS FROM NATIONAL GUARD AND RESERVE UNITS
 IN THE SURROUNDING AREA THAT NEED INFORMATION AND ASSISTANCE WITH GI
 BILL EDUCATION BENEFITS INFORMATION. COORDINATE, SCHEDULE, AND CONDUCT
 EDUCATION BENEFIT BRIEFINGS DURING NCO PROFESSIONAL DEVELOPMENT,
 COMMAND INFORMATION SESSION, NEWCOMERS ORIENTATION, AND PRE-RETIREMENT
 AND PRE-SEPARATION BRIEFINGS. WORK WITH FORT GORDON EDUCATION SERVICES
 AND SOLDIER FOR LIFE/TRANSITION ASSISTANCE PROGRAM WITH IDENTIFYING
 TRAINING AND EDUCATION PROGRAM THAT LEADS TO EMPLOYMENT FOR
 TRANSITIONING SERVICE MEMBERS. SELECT AND TRAIN VA WORK-STUDY STUDENTS
 ON PROCESSES AND PROCEDURES REQUIRED TO ASSIST FELLOW STUDENT-VETERANS
 WITH APPLYING FOR THEIR GI BILL EDUCATION CERTIFICATE OF ELIGIBILITY
 AND THE FEDERAL FOR PELL GRANT. SERVE AS AN ADVISOR FOR THE AUGUSTA
 TECHNICAL COLLEGE STUDENT-VETERANS. POST-VIETNAM ERA VETERANS
 EDUCATIONAL ASSISTANCE PROGRAM (VEAP) IS AVAILABLE FOR ELIGIBLE
 VETERANS WHO ENTERED ACTIVE DUTY BETWEEN JANUARY 1, 1977, AND JUNE 30,
 1985. BENEFITS AND ENTITLEMENT ARE DETERMINED BY THE CONTRIBUTIONS PAID
 WHILE ON ACTIVE DUTY AND VETERANS HAVE 10 YEARS AFTER SEPARATION IN
 WHICH TO USE THE BENEFIT. MONTGOMERY GI BILL ACTIVE DUTY (MGIB)

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PROVIDES A PROGRAM OF EDUCATION BENEFITS THAT MAY BE USED WHILE ON ACTIVE DUTY OR AFTER SEPARATION. THERE ARE SEVERAL DISTINCT ELIGIBILITY CATEGORIES. GENERALLY, A VETERAN WILL RECEIVE 36 MONTHS OF ENTITLEMENT AND HAS 10 YEARS AFTER SEPARATION TO USE THE BENEFIT. MONTGOMERY GI BILL SELECTED RESERVE (MGIB-SR) IS A PROGRAM FUNDED AND MANAGED BY THE DEPARTMENT OF DEFENSE (DOD) AND IS AVAILABLE TO MEMBERS OF THE SELECTED RESERVE. VA ADMINISTERS THIS PROGRAM BUT DOD DETERMINES THE MEMBER'S ELIGIBILITY. GENERALLY, A QUALIFIED MEMBER OF THE RESERVE WILL RECEIVE 36 MONTHS OF ENTITLEMENT AND WILL HAVE 14 YEARS IN WHICH TO USE THE BENEFIT. RESERVISTS EDUCATIONAL ASSISTANCE PROGRAM (REAP) IS A PROGRAM FUNDED AND MANAGED BY DOD AND IS AVAILABLE TO MEMBERS OF THE SELECTED OR READY RESERVE WHO ARE CALLED TO ACTIVE DUTY TO SUPPORT CONTINGENCY OPERATIONS. VA ADMINISTERS THIS PROGRAM BUT DOD DETERMINES THE MEMBER'S ELIGIBILITY. GENERALLY, A QUALIFIED MEMBER OF THE SELECTED OR READY RESERVE WILL RECEIVE 36 MONTHS OF ENTITLEMENT AND WILL BE ABLE TO USE THE BENEFIT AS LONG AS HE OR SHE REMAINS IN THE SELECTED OR READY RESERVE. NATIONAL CALL TO SERVICE IS A PROGRAM OF EDUCATION BENEFITS THAT MAY BE USED WHILE ON ACTIVE DUTY OR AFTER SEPARATION. THE PERSON MUST HAVE ENLISTED ON OR AFTER OCTOBER 1, 2003, UNDER THE NATIONAL CALL TO SERVICE PROGRAM AND SELECTED ONE OF THE TWO EDUCATION INCENTIVES PROVIDED BY THAT PROGRAM. A VETERAN WILL RECEIVE EDUCATION BENEFITS BASED ON THE EDUCATION INITIATIVE SELECTED. THESE ARE EITHER (1) EDUCATION BENEFITS OF UP TO 12 MONTHS OF MGIB BENEFITS (THE 3-YEAR RATE) OR (2) EDUCATION BENEFITS OF UP TO 36 MONTHS OF THE MGIB BENEFITS (HALF THE 2-YEAR RATE). DEPENDENTS EDUCATIONAL ASSISTANCE PROGRAM (DEA) IS DESIGNED TO ASSIST DEPENDENTS OF VETERANS WHO (1) HAVE BEEN DETERMINED TO BE 100 PERCENT PERMANENTLY AND TOTALLY DISABLED DUE TO A SERVICE CONNECTED CONDITION, (2) DIED DUE TO A SERVICE-CONNECTED

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CONDITION, OR (3) DIED WHILE ON ACTIVE DUTY. DEPENDENTS TYPICALLY RECEIVE 45 MONTHS OF ELIGIBILITY. POST-9/11 EDUCATIONAL ASSISTANCE PROGRAM (POST 9/11-GI BILL) IS A NEW EDUCATION ASSISTANCE PROGRAM FOR CERTAIN INDIVIDUALS WITH A QUALIFYING PERIOD OF ACTIVE DUTY SERVICE AFTER SEPTEMBER 10, 2001. INDIVIDUALS WILL BE ELIGIBLE FOR EDUCATIONAL ASSISTANCE IN THE FORM OF TUITION AND FEES, A MONTHLY HOUSING ALLOWANCE, AND A BOOKS AND SUPPLIES STIPEND. THE NEW PROGRAM ALSO PROVIDES CERTAIN INDIVIDUALS THE OPPORTUNITY TO TRANSFER UNUSED EDUCATIONAL BENEFITS TO THEIR SPOUSES AND CHILDREN. THE NEW PROGRAM IS EFFECTIVE AUGUST 1, 2009. THE POST-9/11 GI BILL ALSO INCLUDES THE MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP PROGRAM FOR THE CHILDREN OF SERVICEMEMBERS WHO DIED WHILE ON ACTIVE DUTY.

VETERANS TREATMENT COURT: MOST VETERANS ARE STRENGTHENED BY THEIR MILITARY SERVICE, BUT THEIR COMBAT EXPERIENCE HAS LEFT A GROWING NUMBER OF VETERANS WITH ISSUES SUCH AS PTSD AND TRAUMATIC BRAIN INJURY. LEFT UNTREATED, MENTAL HEALTH DISORDERS COMMON AMONG VETERANS CAN LEAD TO THEIR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. THE VETERANS TREATMENT COURT SERVES AS A MEANINGFUL ALTERNATIVE TO INCARCERATION FOR THE VETERAN WHO CAN FUNCTION IN THE COMMUNITY WITH SUPPORT. THIS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN THE JUDGE, THE ATTORNEYS, THE VA'S VETERAN JUSTICE OFFICER, CASE MANAGERS, AND OTHER COMMUNITY-BASED SUPPORT ORGANIZATIONS. FORCESUNITED PLAYS AN INSTRUMENTAL ROLE IN THIS PROGRAM BY MENTORING AND HELPING THE COURT SYSTEM UNDERSTAND THE CHALLENGES AND BARRIERS VETERANS CAN EXPERIENCE. ADDITIONALLY, FORCESUNITED HAS CREATED A GREAT PARTNERSHIP WITH THE VETERANS TREATMENT COURT BY INTRODUCING ITS HEALTH AND WELLNESS PROGRAM AS OPTION TO THE CURRENT CARE PLANS. OUR HEALTH AND WELLNESS PROGRAM

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OFFERS PARTICIPANTS OF THE COURT TO JOIN OUR ACTIVITIES SUCH AS YOGA, CYCLING, KAYAKING, AND THERAPEUTIC EXERCISES.

PRISONER REENTRY INITIATIVE: THE GOAL OF THE PRISONER REENTRY INITIATIVE IS TO ENHANCE PUBLIC SAFETY BY REDUCING CRIME THROUGH THE IMPLEMENTATION OF A SEAMLESS PLAN OF SERVICES AND SUPERVISION FOR EACH RETURNING PERSON. FORCESUNITED, IN CONJUNCTION WITH CORRECTIONS PROFESSIONALS AND LOCAL COMMUNITY SERVICE PROVIDERS, ASSISTS RETURNING VETERANS IN NAVIGATING BARRIERS TO THEIR SUCCESSFUL REENTRY TO ULTIMATELY INCREASING PUBLIC SAFETY AND REDUCE RECIDIVISM.

FORCESUNITED IS THE SOLE LEAD FOR OFFERING SERVICES SUCH AS RESTARTING VETERAN'S VA BENEFITS AND CONNECTING EACH VETERAN TO RESOURCES WITHIN THE COMMUNITY.

VETS FIGHT ON! FORCESUNITED'S HEALTH AND WELLNESS PROGRAM, PROUDLY NAMED "VETS FIGHT ON", SERVES AS THE REGION'S HEALTH AND WELLNESS RESOURCE HUB, AND IS A STEADFAST PILLAR TO OUR HOLISTIC APPROACH TO SERVING VETERANS. THIS PROGRAM PROVIDES ADAPTIVE SPORT ACTIVITIES AND COACHING TO SUPPORT WELLNESS FOR VETERANS WITH MENTAL AND/OR PHYSICAL DISABILITIES INCLUDING TRAUMATIC BRAIN INJURY (TBI), PTSD, SUBSTANCE USE DISORDERS PARALYSIS, AMPUTATIONS, VISUAL AND HEARING IMPAIRMENTS, DEPRESSION, SLEEP ISSUES, AND CHRONIC PAIN. THE IMPORTANCE OF HEALTH AND WELLNESS PROGRAMS FOR VETERANS HAS BEEN WELL-DOCUMENTED, AND PARTICIPATION IN ADAPTIVE SPORTS ACTIVITIES HAS BEEN SHOWN TO IMPROVE QUALITY OF LIFE, OVERALL HEALTH, AND THE FAMILY AND SOCIAL LIVES OF PARTICIPANTS. IN 2020, FORCESUNITED CYCLING, YOGA AND KAYAKING ACTIVITIES WERE A SUCCESS. OVERALL, THIS PROGRAM PROVIDED VETERANS OPPORTUNITIES FOR PARTICIPATION, IN GROUP SESSIONS. DUE TO COVID-19, MOST SESSIONS WERE POSTPONED. IN 2021, WE PLAN TO REJUVENATE THE

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PROGRAM AND CONTINUE PROVIDING VETERANS ACTIVITIES TO BUILD CONFIDENCE,
SUPPORT EACH OTHER AND EMPOWER THEM (CONT'D BELOW).

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

THE 990 IS PROVIDED TO THE ORGANIZATION FOR REVIEW PRIOR TO FILING AND IS
REVIEWED BY THE FULL BOARD.

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

THE BOARD MEMBERS MUST DISCLOSE ANY CONFLICTS ANNUALLY. IN THE EVENT OF A
CONFLICT, THAT PERSON WILL RECUSE THEMSELVES FROM ALL DISCUSSION AND/OR
VOTE ON THE MATTER IN QUESTION.

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

THE INDEPENDENT EXECUTIVE COMMITTEE REVIEWS AREA SALARIES AND COMPARES TO
PRESIDENT AND STAFF SALARIES, USING THE GEORGIA CENTER FOR NONPROFITS AND
THE COMMUNITY FOUNDATION FOR THE CSRA FOR COMPARABILITY DATA. ALL
DISCUSSIONS ARE DOCUMENTED.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND
CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	77,432.
MANAGEMENT AND GENERAL EXPENSES	85,018.
FUNDRAISING EXPENSES	105,287.
TOTAL EXPENSES	267,737.

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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 267,737.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION TO DONOR ADVISED FUND -930,000.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 4D CONTINUED

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) PROGRAM: FORCESUNITED HAS BEEN A SUB-GRANTEE OF THE CSRA ECONOMIC OPPORTUNITY AUTHORITY (EOA) WITH THE SSVF PROGRAM SINCE 2011 AND WAS APPROVED FOR ITS NINTH CONSECUTIVE GRANT YEAR. THE SSVF PROGRAM IS A NATIONAL INITIATIVE OF THE DEPARTMENT OF VETERANS AFFAIRS WITH THE GOAL OF PROMOTING HOUSING STABILITY AMONG VERY LOW-INCOME VETERAN FAMILIES WHO ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS AND TO PROVIDE SUPPORTIVE SERVICES AND LIMITED FINANCIAL ASSISTANCE. OVER THE PAST EIGHT YEARS, OUR STAFF HAS ASSISTED 1,049 VETERAN FAMILIES WITH EITHER PREVENTION ASSISTANCE OR RAPID REHOUSING ASSISTANCE THROUGH THIS PROGRAM, IN ADDITION TO THOSE NOT ELIGIBLE AND ASSISTED EACH YEAR THROUGH OTHER RESOURCES. THE SSVF PROGRAM HAS BEEN A VITAL PART OF FORCESUNITED'S SUCCESS IN KEEPING SO MANY VETERANS AND THEIR FAMILIES STABLY HOUSED.

SOUTH CAROLINA SERVES PROGRAM: IN DECEMBER 2016, FORCESUNITED WAS APPROACHED BY AMERICASERVES, A NATIONAL INITIATIVE AND NETWORK OF ORGANIZATIONS THAT WORK TOGETHER TO SERVE SERVICE MEMBERS, VETERANS AND THEIR FAMILIES, AND WAS OFFERED THE LEAD IN THEIR SCSERVES PROGRAM IN

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SOUTH CAROLINA. THE SCSEVES PROGRAM IS DESIGNED TO PROVIDE COORDINATED CARE WITH A RANGE OF COMPREHENSIVE SERVICES TO SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES IN THIRTEEN COUNTIES ACROSS MID TO SOUTHERN SOUTH CAROLINA. THROUGHOUT 2020, FORCESUNITED WORKED DILIGENTLY IN THE ADDITIONAL SOUTH CAROLINA COUNTIES BUILDING A PROVIDER NETWORK TO OVER 60 COMMUNITY PARTNERS TO OFFER SERVICES AND RESOURCES TO SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES IN BENEFITS, EMPLOYMENT, HOUSING, TRANSPORTATION, EDUCATION, HEALTH AND WELLNESS, SPIRITUAL SUPPORT, UTILITIES, ETC. THE COORDINATION CENTER LOCATED IN CHARLESTON, SC PRIDES ITSELF ON ITS VIGILANT COMMUNICATIONS WITH PROVIDER ORGANIZATIONS UTILIZING THE UNITE US PLATFORM. THE UNITE US NETWORK CONTINUES TO IMPROVE VETERAN ACCESS TO COMMUNITY-WIDE RESOURCES, ALLOWING SCSEVES AND FORCESUNITED TO INCREASE ITS OUTREACH AND ABILITY TO CONNECT OUR WARRIORS TO APPROPRIATE SERVICES IN A TIMELY MANNER.

GOODWILL JOB CONNECTION (AIKEN): SINCE 2013 WHEN A VETERAN ADVOCATE WAS PLACED INSIDE THE AIKEN JOB CONNECTION, FORCESUNITED GOAL HAS BEEN TO PROVIDE WHOLISTIC ASSISTANCE TO EVERY VETERAN SEEKING THEIR ASSISTANCE. HAVING A VETERAN ADVOCATE INSIDE THE AIKEN JOB CONNECTION ENHANCES THE JOB SEARCH EXPERIENCE FOR VETERANS WHO UTILIZE THIS FACILITY. THE FORCESUNITED ADVOCATE IS A GENERALIST WHO OFFERS SUPPORT TO VETERANS IN SEVERAL AREAS. THOSE AREAS INCLUDE EMPLOYMENT, VA EDUCATION BENEFITS, VETERAN ADMINISTRATION BENEFITS NAVIGATION, AND VETERAN ADMINISTRATION HOUSING SCREENINGS. VETERANS ARE REFERRED TO THIS ADVOCATE USING SEVERAL DIFFERENT METHODS. THESE METHODS ARE THE FORCESUNITED INTAKE LINE, THE GOODWILL FRONT DESK STAFF, COUNTY VETERAN SERVICE ORGANIZATIONS AND SELF-REFERRAL WALK-INS. THE FORCESUNITED

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ADVOCATE PARTNERS WITH SEVERAL ORGANIZATIONS TO ENSURE THE VETERANS WHO SEEK ASSISTANCE RECEIVE QUALITY CARE. THESE ORGANIZATIONS INCLUDE THE AIKEN, EDGEFIELD, BARNWELL AND MCCORMICK VETERAN SERVICE OFFICES. SHE ALSO COLLABORATES WITH THE CHARLIE NORWOOD AIKEN COUNTY HOMELESS VETERAN LIAISON. THIS LIAISON MANAGES THE 14 HOUSING AND URBAN DEVELOPMENT VETERANS AFFAIRS SUPPORTIVE HOUSING (HUDVASH) VOUCHERS AWARDED TO AIKEN COUNTY. ALSTON WILKES AND ONE80 PLACE ARE OTHER ORGANIZATIONS WHICH AID HOMELESS VETERANS IN AIKEN COUNTY AND COLLABORATE WITH FORCESUNITED. THE GOODWILL JOB CONNECTION IN ADDITION TO THE FORCESUNITED EMPLOYMENT DIRECTOR AND THE SOUTH CAROLINA WORKS VETERAN EMPLOYMENT DIRECTOR ARE THE RESOURCE REFERRALS FOR UNEMPLOYED VETERANS. UNEMPLOYED VETERANS 55 AND OLDER ARE ALSO REFERRED TO THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM COORDINATOR. ANOTHER COMPONENT OF ASSISTANCE OFFERED TO VETERANS THROUGH THE AIKEN GOODWILL JOB CONNECTION IS COLLABORATIVE SERVICES. THESE SERVICES MAINLY CONSIST OF UTILITY BILL ASSISTANCE. TO ENHANCE COMMUNITY AWARENESS CONCERNING FORCESUNITED SERVICES OUTREACH AND NETWORKING EVENTS ARE CONSISTENTLY SCHEDULED. THE MOST ATTENDED ONES ARE THE AIKEN, NORTH AUGUSTA AND EDGEFIELD COMMUNITY SERVICE NETWORK MEETINGS. THE AIKEN COUNTY VETERAN SERVICE COUNCIL IS ALSO REGULARLY ATTENDED ON THE FIRST MONDAY OF EACH MONTH.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **FORCESUNITED, INC.** Employer identification number **26-1176267**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AWP REAL PROPERTY, LLC 701 GREENE STREET, STE 104 AUGUSTA, GA 30901	REAL ESTATE HOLDINGS	GEORGIA	58,000.	58,000.	FORCESUNITED, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FORCESUNITED, INC.	Taxpayer identification number (TIN) 26-1176267
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 701 GREENE STREET, STE 104	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30901	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HOLLIS BUSH

- The books are in the care of ▶ **701 GREENE ST, STE 104 - AUGUSTA, GA 30901**
Telephone No. ▶ **706-434-1752** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.