# Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 2017, and ending 2017 Check if applicable: D Employer identification number X Address change WILLIAM R. GAINES JR. VETERAN MEMORIAL X FUND, INC. Name change Telephone number 3280-55A TAMIAMI TRAIL, UNIT 121 X Initial return PORT CHARLOTTE, FL 33952 Final return/terminated Amended return G Gross receipts \$ 610,319 F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) ( 4947(a)(1) or ) **d** (insert no.) 527 Website: ► WWW.WRGAINESJR.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust L Year of formation: 2017 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a **b** Net unrelated business taxable income from Form 990-T, line 34..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 304,776. Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 5,680. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 310,456 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 6,233 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 6,233 Revenue less expenses. Subtract line 18 from line 12..... 304,223 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 308,664 Total liabilities (Part X, line 26)..... 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20..... 308,664. 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. Signature of office Sign Here CHAIRMAN Type or print name and title Print/Type preparer's name Check P00632970 Paid Preparer Firm's name **Use Only** Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions).....

	n 990 (2017)	WILLIAM R. GA	INES JR. VETE	ERAN MEMORIAL				Page 2
Fa	rt III Stat	tement of Program	Service Accom	olishments				
1	Briefly desc	ck if Schedule O containg ribe the organization's	is a response or note	e to any line in this F	Part III			
•				MEMODIAI EURO				
	THE MIT	LIAM R. GAINES	OK. VEIEKAN	WEWOKIAT LUND	<u>WAS ESTABLIS</u>	HED TO HO	NOR_THE_	<b>-</b>
	PUCKILI	CE_OF_WILLIAM_F	C. GAINES JR.	AS WELL AS O	<u>THER VETERANS</u>	<u>AND_FIRS</u>	<u> </u>	ERS
2	Did the organ	nization undertake any sig	nificant program serv	ices during the year w	hich were not listed on	the prior		
	Form 990 or	990-EZ?				the phot	TYes	X No
	If 'Yes,' des	cribe these new service	s on Schedule O.				les	X No
3	Did the orga	nization cease conduct	ing, or make signific	ant changes in how i	it conducts, any prog	ram services?.	Yes	X No
	If 'Yes,' desc	cribe these changes on	Schedule O.					
4	Describe the	e organization's progran (c)(3) and 501(c)(4) org	service accomplish	ments for each of its	three largest progra	m services, as	measured by	expenses.
	and revenue	(c)(3) and 501(c)(4) org , if any, for each progra	anizations are requir am service reported	ed to report the amo	ount of grants and all	ocations to oth	ers, the total e	expenses,
		, <u>, , , , , , , , , , , , , , , , , , </u>	sarrias raportou.					
4 a	(Code:	) (Expenses \$		including grants of	\$	) (Revenue	¢	
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4b	(Code:	) (Expenses \$		including grants of	\$	) (Revenue	Ś	<u> </u>
	`			manually grante of			T	
							· <b>-</b>	
4 c	(Code:	) (Expenses \$		including grants of	\$	) (Revenue	\$	)
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					<b>_</b>			
•								
4d(	Other progran	n services (Describe in	Schedule O.)					
	Expenses	\$	including grants	of \$	) (Revenu	e \$		)
	Total program	service expenses 🕨		0.			<u>_</u>	000 (0017)
AA				TEEA0102L 12/05/17			Form	990 (2017)



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
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? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 ь		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	_	_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)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		X
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_	<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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? If 'Yes,' complete Schedule F, Parts II and IV.	15		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? If 'Yes,' complete Schedule F, Parts III and IV.	16		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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	<b>b</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>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
-	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		X
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# 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.			. [
			No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	103	
h Enter the number of Forms W OO included in the Control of the Co			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		1.00
(gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	NATIONAL PROPERTY.	- Carlotte Control
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country: ►		ASSOCIATE.	State and
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	in and a li	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	'"		
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		1	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			**
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	normalism and a	attes appointed
Note. See the instructions for additional information the organization must report on Schedule O.		38.	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			# C
c Enter the amount of reserves on hand	100		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14b	990 (	2017
RΔΔ TEEA0105L 08/08/17	Form	33U (4	~UI/)



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

Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a 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 in Schedule O. 1 a 5 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 5 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? SEE SCHEDULE O X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 X X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body?..... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes?..... X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this was done..... Х 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 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? Х a The organization's CEO, Executive Director, or top management official..... 15 a X **b** Other officers or key employees of the organization..... 15<sub>b</sub> 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 X 16a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > FLSection 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) X Upon request Another's website Own website Describe in 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

PORT CHARLOTTE FL 33952 Form 990 (2017)

3280-55A TAMIAMI TRAIL,

UNIT 121

Form 990 (2017)	WILLTAM F	₹.	GAINES	.TR	VETERAN MEMORIAI	

Page 7

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

	•		
(	Check if Schedu	le O contains a response or note to any line in this Part VII.	Γ

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

- 1 a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)	)					
(A) Name and Title	(B) Average hours per	ige is bot s di		ector	officer /truste	and a	3	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL A. GAINES	_ 10 _									
CHAIRMAN	0	X		Χ				0.	0.	0.
(2) CAROL TAYLOR WEAVER DIRECTOR	<u>0</u>	Х						0.	0.	0.
(3) KAYE GAINES	0								i	
DIRECTOR	0	Х						0.	0.	0.
_(4) WILLIAM_R. GAINES, SR	0							_	_	_
DIRECTOR	0	Х		_			-	0.	0.	0.
	0	v						0		0
(6)	U	Х	$\dashv$	$\dashv$			$\dashv$	0.	0.	0.
				j						
<u></u>										
(10)										
(11)										
(12)										
(13)										
(14)										



Average Planton and title plan	rart viii Section A. Officers, Directors, Iru		Key	En			es,	an	d Highest Con	pensated Emp	loyees (continued)
Control to the American Section 2   Control to the American Section 2   Control to the American 2   Control to the American 2   Control to the American 2   Control to the Control to th		(B)			•	•					
(15) (16) (17) (29) (21) (21) (22) (23) (24) (25) (24) (27) (27) (28) (28) (29) (29) (21) (21) (21) (22) (23) (24) (25) (27) (28) (29) (29) (21) (21) (21) (21) (22) (23) (24) (25) (27) (28) (29) (29) (29) (20) (21) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (21) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (21) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	Average (do not check more than one boy release come is bother.										
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1 b Sub-total		waak		1	_				the organization	compensation from related organizations	amount of other compensation
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(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1 b Sub-total		line)	"	8			a a a				
(20) (21) (22) (23) (24) (25)  1 b Sub-total	(15)										
(18) (19) (20) (21) (22) (23) (24) (25)  1 b Sub-total	(16)										
(20)  (21)  (22)  (23)  (24)  (25)  1 b Sub-total	(17)										
(20)  (22)  (23)  (24)  (25)  1 b Sub-total	<u>(18)</u>										
(23)  (24)  (25)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person.  5 Xection B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	(19)										
(23)  (24)  (25)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Exection B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(20)										
(23)  (24)  (25)  1 b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization I ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(21)										
(25)  1 b Sub-total	(22)			+	+	$\exists$					
1b Sub-total   0. 0. 0. 0.	(23)			+							
1 b Sub-total	(24)			+	1			+			
c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1 are lif 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	(25)			$\dashv$	1	+		1			
c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on line 1 are lif 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	1 b Sub-total				_			┵			
d Total (add lines 1b and 1c).		n A					ı	<b>-</b>			
The formation is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								<u> </u>	0.	0.	0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		to those lis	sted a	bove	e) w	ho r	eceiv	ed n	more than \$100,000	of reportable compe	ensation
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	from the organization 0										Vac No
on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	3 Did the organization list any former officer, directed	or or true	taa	kov	emi	alov	99 (	or hi	ahest compensate	ad employee	res No
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	on line 1a? If 'Yes,' complete Schedule J for such	individua	al							·····	. 3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	the organization and related organizations greater	than \$15	0,00	0? /	nsat f 'Ye	ion i	and o	othe	er compensation fr e Schedule J for	rom	4 Y
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	5 Did any person listed on line 1a receive or accrue	compens	ation	fro	m a	ny ι I for	inrel	ated	d organization or i	ndividual	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		complete	001	<i>icut</i>	110 0	101	3001	, pc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 11
(A) (B) (C)	1 Complete this table for your five highest compensation from the organization. Report compensation.	ated inde ation for th	pend ne ca	ent lenda	con ar ye	tract ear e	ors endin	that g wi	received more that th or within the org	an \$100,000 of anization's tax year.	
Name and business address Description of services Compensation	(A) Name and business addre	ess							(B) Description of	services (	(C) Compensation
								1			
								1			
								$\perp$			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	*		ed to	thos	e lis	ted	abov	e) w	ho received more t	han	

		Check if Schedule O	contains a resp	onse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns.						ALMOST TO SERVE
ž a	b	Membership dues			Comments of the Comments of th	100	<b>第一段</b> 图	
\$,€	C	Fundraising events						
ar i	d	Related organizations.	1 d					
S, III	е	Government grants (contributi	ions) 1 e			<b>建</b> 。	<b>多国际国际</b>	
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions gifts of	grants and					
돌	'	All other contributions, gifts, q similar amounts not included	above 1 f	304,776.				
ξδ	a	Noncash contributions included	d in lines 1a-1f: \$	303,751.				and the second second
ַבָּ	h	<b>Total.</b> Add lines 1a-1f	· <u>-</u>		304,776.	<b>本位于五次3</b> 20		
	-	Totali / laa iii laa ii laa	T	Business Code	304,770.			
묾	2a	•				A STATE OF THE STA		STATE OF THE PROPERTY OF THE PROPERTY OF
Š	~ L							
ΘĒ	<u></u>	<i>'</i>						
ž								
S.	a	'						
Program Service Revenue	e							
8		All other program service	_				MATERIAL TENEDROLPHIA PARTIES TO THE PARTIES OF THE	BETTERDALON CONTRACTOR DE LA CONTRACTOR DE
مّ	g	Total. Add lines 2a-2f				《在於大學》的學樣	<b>企业</b> 。	
	3	Investment income (inc	luding dividends	, interest and		F 060		
		other similar amounts).			5,369.	5,369.		
	4	Income from investmen	•	•				
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses				the state of the s		
		Rental income or (loss)				The second of the touch		
	d	Net rental income or (lo			10 10 10 10 10 10 10 10 10 10 10 10 10 1	CONTRACTOR OF THE STATE OF THE		Frank Control of the
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		The said the		
		assets other than inventory	300,174.		And the state of t	Andread Commence of the Commen		
	b	Less: cost or other basis			TO THE STATE OF TH	TO THE REAL PROPERTY.		The Add Towns
		and sales expenses	299,863.					
		Gain or (loss)	311.	L		The second second		
	d	Net gain or (loss)			311.	311.		
<u>o</u>	8 a	Gross income from fund	draising events		and the state		A WAR A	
Ĭ		(not including. \$						
ě		of contributions reported			A Transaction of the	4 1 4 2 4 4 4		2003225 E
Other Revenu		See Part IV, line 18						
2		Less: direct expenses						
ರ	С	Net income or (loss) fro	m fundraising e	/ents ▶		00年40年		Managerity Art. The Art State of the State o
	9 a	Gross income from gam	ning activities.					
		See Part IV, line 19						
		Less: direct expenses			Marie De Lord Marie Marie	and the state of	San	
	С	Net income or (loss) fro	m gaming activi	ties			the state of the s	
	10a	Gross sales of inventory	, less returns					
		and allowances						
		Less: cost of goods sold Net income or (loss) fro			Market State of the State of th			
	С	Miscellaneous Revenu		Business Code	A CONTRACTOR OF THE SAME OF THE			
	11 -	Miscellaneous Revent		Dualiteaa Code	Company of the second	Control of the second of the s		
	11a h							
	D							
	d	All other revenue						
	_	Total. Add lines 11a-11a				A PERCHANIC		
		Total revenue. See insti			310,456.	5,680.	0.	0.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			4.74.	
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	<u> </u>	· ·		<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	_ *				
	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		ALEX TOWN VIOLENCE OF	May also supply the control of the c	
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses				
14	Information technology.				
	<u></u>				
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	START_UP_EXPENSES - LEGALINVESTMENT_ADVISORY_FEES	3,888. 2,345.		3,888. 2,345.	
c					
d	All other expenses				
	All other expenses. Add lines 1 through 24e	6,233.	0.	6,233.	0.
25	Total functional expenses. Add lines 1 through 24e	0,233.	0.	0,233.	<u> </u>
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

44.000mat 10000		Check if Schedule O contains a response or note to any line	e in this Part X					
				<b>(A)</b> Beginning of year		(B) End of year		
	1	Cash — non-interest-bearing			1	1,024.		
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			4			
	5	Loans and other receivables from current and former officers, trustees, key employees, and highest compensated employees Part II of Schedule L	A PART AND TERMS	5				
	6	Loans and other receivables from other disqualified persons (a section 4958(f)(1)), persons described in section 4958(c)(3)(B), and employers and sponsoring organizations of section 501(c)(9) volunt beneficiary organizations (see instructions). Complete Part II of	d contributing	A sandani (1 a a a a a a a a a a a a a a a a a a	6			
ts	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			
As	9	Prepaid expenses and deferred charges			9			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D						
	b	Less: accumulated depreciation			10 c			
	11	Investments – publicly traded securities			11	307,640.		
	12	Investments - other securities. See Part IV, line 11			12			
	13	Investments - program-related. See Part IV, line 11	ents – program-related. See Part IV, line 11					
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		0.	16	308,664.		
$\neg$	17	Accounts payable and accrued expenses			17			
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
တ္	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D		21			
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualic Complete Part II of Schedule L	fied persons.		22			
-1	23	Secured mortgages and notes payable to unrelated third partie	s		23			
		Unsecured notes and loans payable to unrelated third parties.			24			
		Other liabilities (including federal income tax, payables to relain and other liabilities not included on lines 17-24). Complete Par			25			
	26	Total liabilities. Add lines 17 through 25		0.	26	0.		
s ex		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	j.			Maria Ma Maria Maria Ma		
١	27	Unrestricted net assets			27			
ğ	28	Temporarily restricted net assets			28			
9	29	Permanently restricted net assets			29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	► <u>X</u>					
S	30	Capital stock or trust principal, or current funds			30			
8	31	Paid-in or capital surplus, or land, building, or equipment fund			31			
Š	32	Retained earnings, endowment, accumulated income, or other			32	308,664.		
et	33	Total net assets or fund balances		0.	33	308,664.		
Ž	34	Total liabilities and net assets/fund balances		0.	34	308,664.		

BAA Form 990 (2017)

Pai	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	3	310,456.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,233.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3	304,223.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.			
5	9						
6	6 Donated services and use of facilities						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	_				
	column (B))	10		308,664.			
配	TXIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			0.000000 4.0000	Yes No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain						
	in Schedule O.						
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		4			
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
t	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite	G				
	Separate basis Consolidated basis Both consolidated and separate basis						
			115.00	State of the second			
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?		2с				
	If the organization changed either its oversight process or selection process during the tax year, explain			4.0			
2 -	in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single						
38	Audit Act and OMB Circular A-133?		За	X			
b	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь				

**BAA** Form **990** (2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ

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

WILLIAM R. GAINES JR. VETERAN MEMORIAL

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

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

# 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.)

Sec	tion A. Public Support							
Cale begi	endar year (or fiscal year inning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					304,776.	304,776.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	0.	0.	0.	0.	304,776.	304,776.	
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)						0.	
6	<b>Public support.</b> Subtract line 5 from line 4	The second secon	Maria de la compania del compania del la compania del compania de la compania de la compania de la compania del compania de la compania del compan			And the second	304,776.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total	
7	Amounts from line 4	0.	0.	0.	0.	304,776.	304,776.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					5,369.	5,369.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. Add lines 7 through 10		4				310,145.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)				0.	
	<b>First five years.</b> If the Form 990 is to organization, check this box and	stop here		rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	<b>&gt;</b> X	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						<u>%</u>	
	Public support percentage from 2						%	
	6a 33-1/3% support test—2017. 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							
b	<b>b 33-1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization							
1 <b>7</b> a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI now	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop ner</b> a publicly supporte	e. Explain in Part ed organization	►	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions	



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.)

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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							
	Total. Add lines 1 through 5 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							
С	Add lines 7a and 7b							
	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b  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.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)			I III to the second	Cittle Assessment	tion F01(a)	(3)	
	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.							
	Public support percentage for 20			e 13 column (fi)			8	
	Public support percentage for 20 Public support percentage from 2						8	
	tion D. Computation of Inv						<u>°</u>	
	Investment income percentage for				mn (f))		%	
	Investment income percentage for investment income percentage for						8	
18 10-	33-1/3% support tests—2017. If t	the organization d	e A, Fait III, IIIIe id not check the h	oox on line 14 an	d line 15 is more	than 33-1/3% a		
	is not more than 33-1/3%, check	this box and <b>stop</b> he organization d	<b>here.</b> The organ id not check a box	ization qualifies a x on line 14 or lin	s a publicly suppo e 19a. and line 16	is more than 3	3-1/3%, and	
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	ind <b>stop here.</b> The	e organization qua	alifies as a publici	y supported org	anization	
20	i iivate iouiiuutioni ii tile olganii			.,				

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

		Yes	No
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	Supporting Organizations (continued)		V	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
• •	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		1.54
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> .	11c		
50	ction B. Type I Supporting Organizations	110		
36	ction B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	3	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		68.805°008	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	A. C	
Se	ction 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	en compa	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction 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).			
Ċ	——————————————————————————————————————			
		netrue	lione)	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	isiiuci	10115).	
2	Activities Test. Answer (a) and (b) below.	Entrated Chine	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> 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.	<b>2</b> a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (	Form 990 or 990-EZ	2017	WILLIAM	R.	GAINES	JR.	VETERAN	MEMORIAL

Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	itions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). <b>See</b> through E.	
Section A – Adjusted Net Income (A) Prior Year (B) Current (optional					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Sec	tion 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):				
á	Average monthly value of securities	1a			
ı	Average monthly cash balances	1b			
•	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2	Stories and Laboratory		
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally interesting (see instructions)	grated	d Type III supporting org	anization	

Schedule A (Form 990 or 990-EZ) 2017

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	edule A (Form 990 or 990-EZ) 2017 WILLIAM R. GAINES JE	R. VETERAN MEMOI	RIAL	Page 1
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4		apportou organizationio		
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7				
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	ction E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	<b>一种人们不过的</b>	<b>设建设设施</b>	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	and the second second	A second second	And the state of t
- 7				
	From 2013			
•	From 2014	THE SAME OF SAME	***	
(	d From 2015			HARVES AND SELECT
(	e From 2016	The state of the s	计设备数据 美国	ACKS PARTS A
	f Total of lines 3a through e			Months 1
	g Applied to underdistributions of prior years	the state washing		
ı	h Applied to 2017 distributable amount			Managara de Calabra de
	i Carryover from 2012 not applied (see instructions)			a 7 de alestro de se
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			- 13 10 th
4	Distributions for 2017 from Section D, line 7:	erinde som er		
í	a Applied to underdistributions of prior years	2000年,及至 <b>3</b> 000周		The second second
	Applied to 2017 distributable amount			
•	Remainder. Subtract lines 4a and 4b from 4.		10 March 2015年2月1日 10 March 2015年	and the state of t
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		1950年1961年1961年1961年1961年1961年1961年1961年196	Maria Ma
8	Breakdown of line 7:			
ã	Excess from 2013	The second second second		
	Excess from 2014		KATAN CO.	

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015 . . . . .

d Excess from 2016 . . . . . e Excess from 2017.....

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

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

Department of the Treasury Internal Revenue Service

#### PUBLIC DISCLOSURE COPY

# **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

2017

Name of the organization WILLIAM R. GAIN FUND, INC.	ES JR. VETERAN MEMORIAL	Employer identification number			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	anization			
	4947(a)(1) nonexempt charitable tr	rust <b>not</b> treated as a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundatio	n			
	4947(a)(1) nonexempt charitable tr	rust treated as a private foundation			
	501(c)(3) taxable private foundation	n			
Check if your organization is covered by the Gen	eral Rule or a Special Rule.				
<b>Note.</b> Only a section 501(c)(7), (8), or (10) of	rganization can check boxes for both the G	General Rule and a Special Rule. See instructions.			
General Rule  X 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					
under sections 509(a)(1) and 170(b)(1)(A)(	i), that checked Schedule A (Form 990 or 990 the year, total contributions of the greate	net the 33-1/3% support test of the regulations -EZ), Part II, line 13, 16a, or 16b, and that r of (1) \$5,000 or ( <b>2</b> ) 2% of the amount on (i)			
For an organization described in section during the year, total contributions of morpurposes, or for the prevention of cruelty	501(c)(7), (8), or (10) filing Form 990 or 99 re than \$1,000 <i>exclusively</i> for religious, ch to children or animals. Complete Parts I,	90-EZ that received from any one contributor, aritable, scientific, literary, or educational II, and III.			
during the year, contributions <i>exclusively</i> \$1,000. If this box is checked, enter here charitable, etc., purpose. Don't complete	for religious, charitable, etc., purposes, bu	90-EZ that received from any one contributor, ut no such contributions totaled more than during the year for an <i>exclusively</i> religious, applies to this organization because more during the year			
Caution. An organization that isn't covered by	y the General Rule and/or the Special Rule line 2. of its Form 990: or check the box o	es doesn't file Schedule B (Form 990, 990-EZ, or n line H of its Form 990-EZ or on its Form 990-PF,			

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 of

1 of Part I

WILLIAM R. GAINES JR. VETERAN MEMORIAL

Employer identification number

-	 •	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$299,863.	Person Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$ -	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
		Schodula D (Farm 00)	noncash contributions.)

WILLIAM R. GAINES JR. VETERAN MEMORIAL

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	3705.25 UNITS - VANGUARD BD INDEX FD INC - TOTAL BD MARKET ETF	-	
		\$299,863.	3/23/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - ]\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b)	\$ (c)	(d)
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		-  -  - 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	

Name of organization

WILLIAM R. GAINES JR. VETERAN MEMORIAL

Employer identification number

Parelle	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 information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a)	(b)	(c)		(d)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, 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		
			<del> </del>			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transf					
				Hulo D (Form 000, 000 F7, or 000 DF) (2017)		
DAA			Sched	dule B (Form 990, 990-EZ, or 990-PF) (2017)		

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization WILLIAM R. GAINES JR. VETERAN MEMORIAL FUND, INC.

Employer identification number

Га	Types of Property						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of det sh contribut	ermining ion amounts
1	Art – Works of art						
2	Art – Historical treasures						
3	Art - Fractional interests						
4	Books and publications		and or a wife of the parties and the				
5	Clothing and household goods		te resemble services				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	Х	1	299,863.	STOC	K MARKE	T PRICE
10	Securities - Closely held stock			•			
11	Securities - Partnership, LLC, or trust interests.						
12	Securities – Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (PAYMENT OF LEGAL FEE )	Х	1	1,288.	INVO	CE AMT	PAID
26	Other ► (PAYMENT OF LEGAL FEE )	Х	1	1,400.	INVO	CE AMT	PAID
27	Other ► (PAYMENT OF LEGAL FEE )	Х	1	1,200.	INVO	CE AMT	PAID
28	Other ► ( )						
29	Number of Forms 8283 received by the organization du organization completed Form 8283, Part IV, Donee				29		
	During the year, did the organization receive by contrib it must hold for at least three years from the date of for exempt purposes for the entire holding period? If 'Yes,' describe the arrangement in Part II.	of the initial	contribution, and which	h isn't required to be us		. 30 a	es No X
	Does the organization have a gift acceptance policy	v that requir	res the review of any n	onstandard contribution	าร?	. 31	X
	<del>-</del>					1	
	Does the organization hire or use third parties or renoncash contributions?					. 32a	X
	If 'Yes,' describe in Part II.	an (a) far -	tune of property forh	ich column (a) is chaol	hav		
33	If the organization didn't report an amount in colum describe in Part II.	nn (c) for a	type of property for wh	column (a) is check	veu,		

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

Schedule M (Form 990) (2017)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization WILLIAM R. GAINES JR. VETERAN MEMORIAL FUND, INC.

Employer identification number

### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE WILLIAM R. GAINES JR. VETERAN MEMORIAL FUND WAS ESTABLISHED TO HONOR THE SACRIFICE OF WILLIAM R. GAINES JR. AS WELL AS OTHER VETERANS AND FIRST RESPONDERS. THE FUND IS CURRENTLY WORKING WITH VARIOUS CHARLOTTE COUNTY BASED ORGANIZATIONS TO REFURBISH AND IMPROVE SUNRISE PARK. THE PARK HAS BEEN RENAMED THE WILLIAM R. GAINES JR. VETERAN MEMORIAL PARK. NEW SIGNAGE HAS BEEN INSTALLED REFLECTING THIS CHANGE. THE FUND WILL CONTINUE TO WORK TO IMPROVE THE PARK AMENTITIES IN PARTNERSHIP WITH VARIOUS GOVERNMENTAL AND PRIVATE PARTIES LOCATED IN CHARLOTTE COUNTY.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MICHAI	ъ н. с	MINES	LWHITTI	MEMDER	
		·····			D
				P	
LANUL	WEAVEN	INILON	111111		

# FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

IN THE ARTICLES OF INCORPORATION, A PORTION OF THE FUND'S NAME WAS MISSPELLED DUE TO A TYPOGRPHICAL ERROR (VETRAN VS. VETERAN). AN AMENDMENT TO THE ARTICLES OF INCORPORATION WAS PREPARED TO CORRECT THE TYPOGRAPHICAL ERROR. THIS AMENDMENT WAS THEN FILED WITH THE FLORIDA DIVISION OF CORPORATIONS. A COPY IS ATTACHED TO THIS FORM 990 AS ATTACHMENT ONE.

A COPY OF THE BYLAWS OF THE FUND ARE ATTACHED TO THIS FORM 990 AS ATTACHMENT TWO.

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 2017 FORM 990 WAS PREPARED BY THE COMPANY'S ACCOUNTANT FROM ITS BOOKS AND RECORDS. THE CHAIRMAN OF THE BOARD REVIEWED A DRAFT OF THE 2017 FORM 990, INCLUDING REVIEWING THE IRS INSTRUCTIONS FOR COMPLETING 2017 FORM 990. THE CHAIRMAN ALSO

Name of the organization WILLIAM R. GAINES JR. VETERAN MEMORIAL FUND, INC.

Employer identification number

01 0000

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

ASSISTED IN COMPLETING THE DESCRIPTIVE INFORMATION REGARDING THE FUND AS WELL AS ITS CURRENT AND FUTURE POLICIES BASED ON HIS EXTENSIVE INVOLVEMENT WITH THE FUND SINCE ITS INCEPTION.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FUND WAS FORMED IN 2017 AND THIS IS ITS INITIAL FORM 990 FILING. ONCE THE FORM 990 FILING IS COMPLETED, IT WILL BE MADE AVAILABLE ON THE FUND'S WEBSITE. AS THIS IS THE FUND'S INITIAL YEAR, THERE WAS NO PRIOR YEAR FORM 990 TO DISCLOSE ON THE FUND'S WEBITE.

WILLIAM R. GAINES JR. VETERAM MEMORIAL FUND, INC. ATTACHMENT ONE FOR FORM 990 FOR THE SHORT YEAR ENDED DECEMBER 31, 2017



AMENDMENT TO ARTICLES OF INCORPORATION – NAME CHANGE (CORRECTION) FILED JUNE 14, 2018



(Requestor's Name)				
(Address)				
(Address)				
(100,000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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R. WHITE JUN 1 5 2018

# **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Willicum	R. Gaines Jr. Vetran Memorial	Fund
DOCUMENT NUMBER: N170(	00001529	Inc.
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
	(Name of Contact Person)	
	(Firm/ Company)	
	(Address)	
	T	
	(City/ State and Zip Code)	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	,	
(Name of Contact Person	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:	
S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of

FILED

18 JUN 14 AM 9: 27

William R Gaines Jr.	Vetran Memor	
N17000001529	as currently ined with the Pior	iga pept, of State)
	nent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not Fu</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
William R. Gaines Jr., I name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated	"or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30x</u> )	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, o d office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fla	orida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relation of the Registered Agent. I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept t	the obligations of the position.
	Signature of New Registe	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(i) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
			_		
	•				
	_				
	*		<b>VA</b>	•	

Effective date if applicable:  (no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
(no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 6/8/2018	
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
T3 oarl Chair	



Department of State / Division of Corporations / Search Records / Detail By Document Number /

# **Detail by Entity Name**

Florida Not For Profit Corporation

WILLIAM R. GAINES JR., VETERAN MEMORIAL FUND, INC

**Filing Information** 

**Document Number** 

N17000001529

**FEI/EIN Number** 

02/10/2017

State

FL

Status

**ACTIVE** 

Last Event

**Date Filed** 

NAME CHANGE AMENDMENT

**Event Date Filed** 

06/14/2018

**Event Effective Date** 

NONE

**Principal Address** 

3280-55A TAMIAMI TRAIL

**UNIT 121** 

PORT CHARLOTTE, FL 33952

Changed: 05/18/2018

**Mailing Address** 

3280-55A TAMIAMI TRAIL

**UNIT 121** 

PORT CHARLOTTE, FL 33952

Changed: 05/18/2018

Registered Agent Name & Address



Officer/Director Detail

Name & Address

Title DIR



Title DIR

,	
Title DIR	
WOOHER, DETT	
TOZ WALNOT BANK	
COLOMBOO, O.,	
Title DIR	
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Annual Reports	
Report Year Filed Date	
2018 04/27/2018	
Document Images	
06/14/2018 Name Change View image in PDF format	
04/27/2018 ANNUAL REPORT View image in PDF format	
02/10/2017 Domestic Non-Profit View image in PDF format	

WILLIAM R. GAINES JR. VETERAM MEMORIAL FUND, INC. ATTACHMENT TWO FOR FORM 990 FOR THE SHORT YEAR ENDED DECEMBER 31, 2017

EIN - 81-5393249

BYLAWS OF WILLIAM R. GAINES JR., VETERAN MEMORIAL FUND, INC. ADOPTED FEBRUARY 10, 2017

# BYLAWS OF WILLIAM R. GAINES JR., VETERAN MEMORIAL FUND, INC., A NONPROFIT CORPORATION

#### **ARTICLE ONE**

#### INTRODUCTION

#### **Definition of Bylaws**

1.01. These Bylaws constitute the code of rules adopted by William R. Gaines Jr., Veteran Memorial Fund, Inc. (the "**Corporation**") for the regulation and management of its affairs.

#### **Purposes and Powers**

1.02. The Corporation will have the purposes or powers as may be stated in its Articles of Incorporation, and such powers as are now or may be granted hereafter by law.

The primary purpose of the Corporation is to provide a place where neighbors and families can come together to experience the beauty of nature and will be a testament to the sacrifices of our veterans.

#### **ARTICLE TWO**

#### **OFFICES AND AGENCY**

# Principal and Branch Offices

2.01. The principal place of business of the Corporation in Florida will be located at the corporation may maintain other offices either within or without the State of Florida as its business requires.

#### Location of Registered Office

2.02. The location of the initial registered office of the Corporation is Such office will be continuously maintained in the State of Florida for the life of the Corporation. The Board of Directors may from time to time change the address of its registered office by duly adopted resolution and filing the appropriate statement with the Secretary of State.

#### **ARTICLE THREE**

#### **MEMBERSHIP**

#### Definition of Membership

3.01. The Members of the Corporation are those persons having membership rights in accordance with the provisions of these Bylaws.

#### Class of Members

3.02. The Corporation will have one class of Members that is designated as Members.

#### **Assessments**

- 3.03. (1) Memberships will be nonassessable.
  - (2) The Board of Directors may, from time to time, determine the type of occasions for which fines may be assessed against Members, as well as the amounts thereof. The Board will have full authority to assess such fines on the occasions specified.

(3) The amount of dues fixed by the Board of Directors shall become, on and after notice, an indebtedness to the Corporation collectible by due course of law. The failure to pay any dues or fines assessed shall render the Member liable to expulsion.

## Place of Members' Meetings

3.04. Meetings of Members will be held at the registered office of the Corporation in the State of Florida.

#### **Annual Members' Meetings**

3.05. The annual meeting of the Members will be held at 10:00 AM on January 15 each year.

#### Special Members' Meetings

- 3.06. Special meetings of the Members may be called by any of the following:
  - (1) The Chairman of the Board of Directors or any two (2) Members of the Board of Directors;
    - (2) The President:
  - (3) Members having at least 10 percent of the votes that all members are entitled to cast at such meetings.

# Notice of Members' Meetings

3.07. Written or printed notice, stating the place, day, and hour of the meeting and, in the case of a special meeting, the purpose or purposes for which the meeting is called, must be delivered not less than five nor more than forty calendar days before the date of the members' meeting, either personally or by first class mail (by or at the direction of the President, the Secretary, or the officers or other persons or Members calling the meeting), to each Member entitled to vote at such meeting. If mailed, the notice will be deemed to be delivered when deposited in the United States mail addressed to the Member at his or her address as it appears on the records of the Corporation, with postage prepaid.

#### **Voting Rights of Members**

3.08. Each Member will be entitled to one vote on each matter submitted to a vote of Members.

#### Members' Proxy Voting

3.09. A Member may vote either in person or by proxy executed in writing by the Member or by his or her duly authorized attorney-in-fact. No proxy will be recognized as valid after eleven months from the date of its execution unless expressly provided otherwise in the proxy.

#### Quorum of Members

3.10. The number or percentage of Members entitled to vote represented in person or by proxy that constitutes a quorum at a meeting of Members will be Members holding one tenth of the votes entitled to be cast in such manner. The vote of a majority of the votes entitled to be cast by the Members present or represented by proxy at a meeting at which a quorum is present is necessary for the adoption of any matter voted on by the Members, unless a greater proportion is required by law, the Articles of Incorporation, or any provision of these Bylaws.

#### Transferability of Membership

3.11. Membership in the Corporation is nontransferable and nonassignable.

#### Termination of Membership

3.12. Membership in the Corporation will terminate on any of the following events, and for no

#### other reason:

- (1) Receipt by the Board of Directors of the written resignation of a Member, executed by such Member or his or her duly authorized attorney-in-fact.
  - (2) The death of a Member.
- (3) The failure of a Member to pay dues, fines, or assessments on or before their due date.
- (4) For cause, inconsistent with membership, and only after due notice and a hearing on the issues.

Before a membership terminates for any reason other than the resignation or death of the Member, the Member will be given an opportunity to be heard and present evidence before the Board of Directors, unless he or she is absent from the county in which the Corporation is located. A Member terminating membership status for reasons other than death may be completely and automatically reinstated if the cause of termination is corrected before formal adoption by the Board of Directors of a resolution acknowledging such termination.

#### **ARTICLE FOUR**

#### **DIRECTORS**

#### **Definition of Board of Directors**

4.01. The Board of Directors is that group of persons vested with the management of the business and affairs of the Corporation subject to the law, the Articles of Incorporation, and these Bylaws.

#### Structure of Board

4.02. The Board of Directors of the Corporation will constitute a single class.

#### **Qualifications of Directors**

- 4.03. The qualifications for becoming and remaining a Director of the Corporation are as follows:
  - (1) Directors need not be residents of the State of

Florida.

(2) Directors need not be Members of the Corporation.

#### **Number of Directors**

4.04. The number of Directors of the Corporation will not be less than five (5) at any time.

#### **Terms of Directors**

- 4.05. (1) The Directors constituting the first Board of Directors as named in the Articles of Incorporation will hold office until the first annual election of Directors. Thereafter, Directors will be elected for a term of three years. Each Director will hold office for the term for which elected and until a successor has been selected and qualified.
- (2) A Director may be removed from office when such action will serve the best interests of the Corporation as follows: in the manner prescribed in the Articles of Incorporation or these Bylaws for the election or appointment of Directors. Such removal will be without prejudice to any contract rights of the Director so removed.

#### Vacancies on the Board

4.06. Resignation of Directors will become effective immediately or on the date specified therein, and vacancies will be deemed to exist as of such effective date. Any vacancy occurring on the Board of Directors, and any directorship to be filled by reason of an increase in the number of Directors, will be filled by appointment by the President. The new Director appointed to fill the vacancy will serve for the unexpired term of the predecessor in office.

## Place of Directors' Meetings

4.07. Meetings of the Board of Directors, regular or special, will be held at the registered office of the Corporation.

#### Regular Directors' Meetings

4.08. Regular meetings of the Board of Directors will be held at 10:00 AM on the first Thursday of the first month of each calendar quarter. Should any such day in any year constitute a legal holiday, then the meeting will be held instead in such instance the Thursday immediately following. This provision of the Bylaws constitutes notice to all Directors of regular meetings for all years and instances, and no further notice shall be required although such notice may be given.

#### Notice of Special Directors' Meetings

4.09. Written or printed notice stating the place, day, and hour of any special meeting of the Board of Directors will be delivered to each Director not less than two (2) nor more than five (5) business days before the date of the meeting, either personally or by first class mail, by or at the direction of the President, or the Secretary, or the Directors calling the meeting. If mailed, such notice will be deemed to be delivered when deposited in the United States mail addressed to the Director at his or her address as it appears on the records of the Corporation, with postage prepaid. Such notice need not state the business to be transacted at, or the purpose of, such meeting.

#### Call of Special Board Meetings

- 4.10. A special meeting of the Board of Directors may be called by either:
  - (1) The President.
  - (2) The Chairman of the Board of Directors.
  - (3) Any two (2) Members of the Board of Directors.

#### Waiver of Notice

4.11. Attendance of a Director at any meeting of the Board of Directors will constitute a waiver of notice of such meeting, except where such Director attends a meeting for the express purpose of objecting, at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened.

#### **Quorum of Directors**

4.12. A majority of the whole Board of Directors will constitute a quorum; provided, that in no event shall a quorum consist of less than one third of the whole Board. The act of a majority of the Directors present at a meeting at which a quorum is present will be the act of the Board of Directors, unless a greater number is required under the provisions of the Articles of Incorporation, or any provision of these Bylaws.

#### **ARTICLE FIVE**

**OFFICERS** 

#### Roster of Officers

- 5.01. The Officers of the Corporation will consist of the following personnel:
  - (1) President.
  - (2) Secretary.

#### Selection of Officers

5.02. Each of the Officers will be elected and appointed annually by the Board of Directors. Each Officer will remain in office until a successor to such office has been selected and qualified. Such election will take place at the regular meeting of the Board of Directors taking place in January of each year.

#### President

5.03. The President will be the Chief Executive Officer of the Corporation and will, subject to the control of the Board of Directors, supervise and control the affairs of the Corporation. The President will perform all duties incident to such office, and such other duties as may be provided in these Bylaws or as may be prescribed from time to time by the Board of Directors.

#### Secretary

5.04. The Secretary shall (1) keep minutes of all meetings of Members and of the Board of Directors; (2) be the custodian of the corporate records; (3) give all notices as are required by law or by these Bylaws; and, generally, (4) perform all duties incident to the office of Secretary and such other duties as may be required by law, by the Articles of Incorporation, or by these Bylaws, or that may be assigned from time to time by the Board of Directors.

#### Removal of Officers

5.05. Any Officer elected or appointed to office may be removed by the persons authorized under these Bylaws to elect or appoint such Officers, whenever in their judgment the best interests of the Corporation will therefore be served. Such removal, however, shall be without prejudice to any contract rights of the Officer so removed.

#### **ARTICLE SIX**

#### INFORMAL ACTION

#### Waiver of Notice

6.01. Whenever any notice is required to be given under the provisions of the law, the Articles of Incorporation, or these Bylaws, a waiver of such notice in writing signed by the person or persons entitled to notice, whether before or after the time stated in such waiver, shall be deemed equivalent to the giving of such notice. Such waiver must, in the case of a special meeting of Members, specify the nature of the business to be transacted.

#### **Action by Consent**

6.02. Any action required by law or under the Articles of Incorporation or these Bylaws, or any action that otherwise may be taken at a meeting of either the Members or Board of Directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all persons entitled to vote with respect to the subject matter of such consent, or all Directors in office, and filed with the Secretary.

#### **ARTICLE SEVEN**

#### **OPERATIONS**

#### Fiscal Year

7.01. The fiscal year of the Corporation shall be the calendar year.

#### **Execution of Documents**

7.02. Except as otherwise provided by law, checks, drafts, promissory notes, orders for the payment of money, and other evidences of indebtedness of the Corporation shall be signed by the Chairman of the Board of Directors and countersigned by the President. Contracts, leases, or other instruments executed in the name of and on behalf of the Corporation shall be signed by the Secretary and countersigned by the Chairman of the Board, and shall have attached copies of the resolutions of the Board of Directors (certified by the Secretary) authorizing such execution.

#### **Books and Records**

7.03. The Corporation shall keep correct and complete books and records of account, and minutes of the proceedings of its Members and Board of Directors The Corporation will keep at its registered office a membership register giving the names, addresses, and showing classes and other details of the membership of each, and the original or a copy of its Bylaws including amendments to date certified by the Secretary of the Corporation.

#### Inspection of Books and Records

7.04. All books and records of the Corporation may be inspected by any Member, or his or her agent or attorney, for any proper purpose at any reasonable time on written demand under oath stating such purpose.

# Nonprofit Operations--Compensation

7.05. The Corporation shall not have or issue shares of stock. No dividend shall be paid, and no part of the income of the Corporation shall be distributed to its Members, Directors, or Officers. The Corporation may, however, pay compensation in a reasonable amount to Members, Officers, or Directors for services rendered.

#### Loans to Management

7.06. The Corporation shall make no loans to any of its Directors or Officers.

#### **Corporate Assets**

- 7.07. (1) No Member or Incorporator may have any vested right, interest, or privilege of, in, or to the Corporation's assets, functions, affairs, or franchises, or any right, interest, or privilege that may be transferable or inheritable, or that will continue if his or her membership ceases, or while he or she is not in good standing.
  - (2) Expelled Members shall have no property rights to assets of the Corporation.
- (3) Upon dissolution, any Corporate assets remaining after the payment or discharge of all corporate liabilities; the return, transfer, or conveyances of assets held on conditions requiring the same; and the transfer or conveyance of assets received and held subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational, or similar purposes shall be distributed as follows: as a majority of the Board of Director's direct.
- (4) The Directors may authorize secured transactions or other dispositions of corporate assets without approval by the Members.

#### **ARTICLE EIGHT**

#### **AMENDMENTS**

#### Amendment of Articles of Incorporation

8.01. The power to alter, amend, or repeal the Articles of Incorporation of the Corporation is vested in the Board of Directors. Such action must be taken as specified in the Articles of Incorporation.

# Modification of Bylaws

8.02. The power to alter, amend, or repeal these Bylaws, or to adopt new Bylaws, insofar as is allowed by law, is vested in the Board of Directors.

#### ADOPTION OF BYLAWS

Adopted by the Board of Directors by resolution and vote of five (5) to zero (0) on February 10, 2017.

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