(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No: 1545-0047

Open to Public Inspection

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Replication pending F Name and address of principal officior SCOTT GATTO 7361 FLAMINGO ST, CLAY, MI 48001 H(a) is this a years orban for subordinates? Y No	\Box	mended	return	Totolgh dodning hamo	G Gross receipt	ts\$	142,803	
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Website: N/A	. 7	Tax-exem	nnt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	"No," attach a list. ((see instruction	ns)	
Part Summary Briefy describe the organization's mission or most significant activities: TO HELP VETERANS ACHIEVE SUCCESS DAILY LIVES AFTER RETURNING TO CIVILAN LIFE.								
Summary Briefly describe the organization's mission or most significant activities: TO HELP VETERANS ACHIEVE SUCCESS DAILY LIVES AFTER RETURNING TO CIVILIAN LIFE. 2	J /	Nebsite:	N/A					
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The part of the organization's mission or most significant activities: Dally Lives AFTER RETURNING TO CIVILIAN LIFE	Part I Summary							
DAILY LINES AFTER RETURNING TO CIVILIAN LIFE. Check this box ▶			Briefly describe the organization's mission or most significant activities: TO HELP VETERANS ACHIEVE SUCCESS IN THEIF					
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B Net unrelated business taxable income from Form 990-T, line 39. Prior Year	(U)		Number	of voting members of the governing body (Part VI, line 1a).				
B Net unrelated business taxable income from Form 990-T, line 39. Prior Year	Ś	4	Number	of independent voting members of the governing body (Part VI, line 1b).	· · · ·			
B Net unrelated business taxable income from Form 990-T, line 39. Prior Year	itie	5	Total nu	mber of individuals employed in calendar year 2019 (Part V, line 2a)	·		(
B Net unrelated business taxable income from Form 990-T, line 39. Prior Year	₽	6	Total nu	umber of volunteers (estimate if necessary)				
8 Contributions and grants (Part VIII, line 1h) 140,493 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 140,493 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 87,480 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 25) 0 18 Total fundraising expenses (Part IX, column (A), line 25) 1 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 142,535 19 Revenue less expenses. Subtract line 18 from line 12 5,055 20 Total liabilities (Part X, line 26) 0 21 Total assets (Part X, line 26) 0 22 Total assets or fund balances. Subtract line 21 from line 20 4,599 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Here SHANE L RANDELL, CPA Firm's signature Preparer segments Professional information of which preparer has any knowledge. Firm's address P 875 SOUTH MAIN STREET, PLYMOUTH, MI 48170 Phone no. (734) 454-4100	¥	7a	Total un				(
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Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date	ΣĘ	22	Net ass	ets or fund balances. Subtract line 21 from line 20	<u>4,</u> :	599	63	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	Pa	irt II	Sic	nature Block				
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Paid Preparer Use Only Print/Type preparer's name Preparer's signature Point/Type preparer's name SHANE L RANDELL, CPA Firm's name ATS ADVISORS, A CPA FIRM Firm's address 875 SOUTH MAIN STREET, PLYMOUTH, MI 48170 Phone no. (734) 454-4100			7	Signature of officer	Date			
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Paid Preparer Use Only SHANE L RANDELL, CPA SHANE L RANDELL, CPA SHANE L RANDELL, CPA SHANE L RANDELL, CPA Firm's name ATS ADVISORS, A CPA FIRM Firm's address Note: The check is a self-employed self-empl			Pri	At/Type preparer's signature o		. []	PTIN	
Preparer Use Only Firm's name ► ATS ADVISORS, A CPA FIRM Firm's address ► 875 SOUTH MAIN STREET, PLYMOUTH, MI 48170 Phone no. (734) 454-4100	Pa	id		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1		D04676449	
Use Only Firm's name ► ATS ADVISORS, A CPA FIRM Firm's ein ► 30-3327 112 Phone no. (734) 454-4100			r [S⊦				P01676418	
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							Yes X N	
May the into discuss this return with the preparer shown above. (eee into determ)	Ma	y the II	KS discu	ss this return with the preparer shown above r (see instructions)		· · · ·	Form 990 (201	