

Acknowledgement and General Information for 2020 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number TRIBUTE TO VALOR FOUNDATION **-***6648 Entity address 4440 W JOHN CARPENTER FWY IRVING, TX 75063 Thank you for participating in IRS e-file. 1. x 2020 990 income tax return for Federal was filed electronically. The electronic filing services were provided by HODGSON, NASH & GWYNN CPAS PLLC 2. **x** using a Personal Identification Number (PIN) as income tax return was accepted on 11-12-2021 an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 8026492021316fdnpyek PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

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)

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	For the	e 2020 calendar v	ear, or tax year begin	nina	<u> </u>		nd endir	1a		, 20	
_		applicable:		IBUTE TO VALOR I	FOUNDATION	,, -		J	D Emp	loyer identifica	
$\bar{\Box}$	Address	• •								83-257	
Ħ	Name ch	•		per and street (or P.O. box if mail is not delivered to street address) Room/suite					F Teler	phone number	5515
Н	Initial ret	•	4440 W JOHN CARPENTER FWY						L 1010	onone number	
H		urn/terminated		rince, country, and ZIP or foreign	n nostal codo				G Gros	ss receipts	
Н	Amende				ii postai code				\$	ss receipts	132,233
Н			IRVING, TX 750					11/-> 1. 11:		/ I F	
Ш	Applicati	on pending	F Name and address of prir	icipai officer:						for subordinates?	
_	_	mpt status: X 501	()(0)) ◀ (insert no.) 494		507				tes included?	Yes No
				, , , .	47(a)(1) or	527		•		st. See instructi	ons
_	Website		://TRIBUTETOVAL				001	H(c) Group			
		organization: X Corp	poration Trust Asso	ociation Other ►		L Year of formati	on: 201	8 M	State of le	gal domicile:	TX
Pa	art I	Summary									
	1		-	on or most significant ac		ALL-VOLUN					
ø		-		D INSPIRING STU	DENTS INVO	LVED IN S	CIENCE	E, TECH	NOLOG	Y, ENGI	IEERING AND
auc		MATHEMATICS	S (STEM) CURRIC	ULUM.							
ř											
Governance	2		_	discontinued its operation	•				1	1	
	3	`		rning body (Part VI, line	,						9_
Se	4		U	s of the governing body)			. 4		9
ij	5	Total number of	individuals employed in	calendar year 2020 (Pa	rt V, line 2a)				. 5		0
Activities &	6	Total number of	volunteers (estimate if r	necessary)					. 6		
٩	7a	Total unrelated b	ousiness revenue from I	Part VIII, column (C), line	e 12				. 7a		0
	b	Net unrelated bu	ısiness taxable income	from Form 990-T, Part I	, line 11				. 7b		0
								Prior Year		Curi	rent Year
	8	Contributions and	Contributions and grants (Part VIII, line 1h)								132,233
<u>e</u>	9	Program service	revenue (Part VIII, line	2g)							0
Revenue	10	Investment incon	ne (Part VIII, column (A), lines 3, 4, and 7d) .							0
Ş.	11	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and	d 11e)						0
	12	Total revenue - a	add lines 8 through 11 (i	must equal Part VIII, colu	umn (A), line 12))		347	7,777		132,233
	13			X, column (A), lines 1-3)	` , , , ,				3,711		0
	14		. ,	, ,					-		0
	15	•	Benefits paid to or for members (Part IX, column (A), line 4)								0
es	16a		Professional fundraising fees (Part IX, column (A), line 11e)								0
Expenses			expenses (Part IX, col	, ,		0					
꼾	17	-	(Part IX, column (A), lin	· · · · —				254	1,289		89,756
_	18	'	, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column (A					3,000		89,756
	19			18 from line 12					7777		42,477
		Trevenue less ex	periode. Cubitati iirie	10 110111111111111111111111111111111111				nning of Curr		End	of Year
t Assets or	ਲ ਵ 20	Total assets (Pa	rt Y line 16)						L,717	Liiu	64,194
sset	21	Total liabilities (F	. ,					2.	L,/1/		04,194
Net A	22	,	, ,	line 21 from line 20				21	717		
	rt II	Signature		ille 21 Holli ille 20			•		L,717		64,194
				n, including accompanying sch	edules and statemen	its and to the hest	of my know	ledge and he	lief it is		
				cer) is based on all information			o,o	nougo una so	,		
Sig	ın	JEREMY Signature of o							Da	210	
									Da	ale	
He	re		BERLIN, TREASU	RER							
		17	name and title	December : :		D-/				DTIP:	
_		Print/Type prepare	rs name	Preparer's signature		Date		Check	if	PTIN	
Pai		JEFFERSON	NASH			12-01-20	21	self-em	ployed	P0168	7833
	pare		HODGSON,	NASH & GWYNN C	PAs PLLC		Fi	irm's EIN			
Us	e Onl	y Firm's address ▶	5900 S L	AKE FOREST DR S	TE 300		PI	hone no.			
			McKinney	TX 75070					833-	464-272	
Max	the ID	S discuss this rotu	m with the property ch	own ahove? (see instruc	tione)					x ·	Vas No

Form	1990 (2020) TRIBUTE TO VALOR FOUNDATION	83-2576648	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	AN ALL-VOLUNTEER ORGANIZATION FOCUSED ON INFLUENCING, IMPACTING AND INSPIRING	G STUDENTS	INVOLVED
	IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) CURRICULUM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	iners,	
	the total expenses, and revenue, if any, for each program service reported.		
40	(Code: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	
4a	(Code:) (Expenses \$29,000 including grants of \$) (Revenue Online Digital Presentation: The Tribute to Valor team is in the process of continuous co	· —	<i>)</i>
	online presentation to make available for students across the nation. Critical		
	Foundation, our educators and supporters, the program will contain an impact		
	feedback, measure results and help us refine the efficacy of program content		CO BOILCI
	reedback, measure resurcs and herp as retine the efficacy of program content	•	
4b	(Code:) (Expenses \$ 22,500 including grants of \$) (Revenue	\$)
	Campus Assemblies, Scalable from 100 students in a classroom or library sett	ing to 5,00	0 or more
	in an arena venue, the Tribute to Valor team has presented to over 40,000 str		
	inception in 2018 through early 2020 when the outbreak of Covid-19 prohibited	d direct en	gagement.
	Once schools are back to campus learning, the Tribute to Valor team will be	ready to re	sume our
	Campus Assembly programs. An impactful example of the scope of Tribute to Val	lor was ref	lected in
	our program delivered to 10,000 students in the Killeen Independent School d	ist at the	Bell
	County Exposition Center on Nov 4-5, 2019. Two 75 minute assemblies were cond	ducted to a	n audience
	of 5,000 at each presentation.		
4c	(Code:) (Expenses \$10,000 including grants of \$) (Revenue	\$)
	Tribute to Valor "Who Am I" Scholarship: The WHO AM I Scholarship is present	ed to a stu	dent who
	has demonstrated the six core values and mission of the Tribute to Valor Foundation	ndation in	their
	school, home, and community. This scholarship represents the highest recognition	on one can	receive
	from the Tribute to Valor foundation, signifying exemplary character and com	mitment to	<u>a life in</u>
	service to others.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 28,256 including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 89.756		

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		Λ
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Ia		Λ.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			Λ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		37
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? 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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
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

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Form 990 (2020) TRIBUTE TO VALOR FOUNDATION

Part IV Checklist of Required Schedules (continued)

ı u	The chooking of residuates (continued)			
22	Did the expenientian report more than 05 000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Х
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	LI		Λ.
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	0.4		
2F.	or IV, and Part V, line 1	34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Soa		Х
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		Λ
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		х
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	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 0 2b Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х b 5b Х С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c d 7d е 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O.

0) TRIBUTE TO VALOR FOUNDATION 83-2576648

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

response to line 8a. 8b.	or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	c. Too selent, addenied and en cumotanied, proceeded, or analyge in content of the men determine
Check if Schedule O co.	ntains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Texas			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Unpon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEREMY BERLIN (817)909-9353, 4440 W JOHN CARPENTER FWY, IRVING, TX 75063			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Pos ck m s per	son is	nan one s both ar (/trustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GARY LAWSON							0	0	
VICE PRESIDENT, SECRETARY (2) JEREMY BERLIN		Х		х			0	0	0
(2) JEREMY BERLIN TREASURER		x		x			0	0	0
(3) GARY LITTRELL									
CHAIRMAN		х		х			0	0	0
(4) JAMES PALMERSHEIM									
VICE PRESIDENT		Х		Х			0	0	0
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									
<u>(8)</u>									
<u>(9)</u>									
(10)									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	l .							1	

Form 990 (2020) TRIBUTE TO VALOR FOUNDATION 83-2576648 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (E) (F) (B) (D) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related from the compensation per week organization organizations from the (list any Individual trustee or director (W-2/1099-MISC) (W-2/1099-MISC) nstitutional trustee Key employee Highest compensated organization and hours for related organizations related organizations below dotted line) (15) (16) (17) (18) (19) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A 0 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 > 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 Х 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 4 х 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 х Section B. Independent Contractors 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.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
·	•	

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note	to any line in this	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f f	Federated campaigns		132,233			
Prog		All other program service revenue					
Other Revenue	b c d 7a b c d 8a b c c 9a b c	Gross income from gaming activities, See Part IV, line 19 9a Less: direct expenses 9b	ds				
Miscellanous Revenue	11a b c		Business Code				
		Total revenue. See instructions		132,233	0	0	0

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			<u>x</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
a		1 047	1 047		
b	Legal	1,847	1,847		
c C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	E4 206	E4 206		
40	(A) amount, list line 11g expenses on Schedule O.)	54,326	54,326		
12	Advertising and promotion	1,621	1,621		
13	Office expenses	3,859	3,859		
14	Information technology	4,250	4,250		
15	Royalties				
16	Occupancy				
17	Travel	8,877	8,877		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,370	11,370		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	_	_		
23	Insurance	1,035	1,035		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK CHARGES	1,141	1,141		
b	MEALS	1,430	1,430		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	89,756	89,756	0	0
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**

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	21,717	1	64,194
	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 any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,717	16	64,194
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
č	27	Net assets without donor restrictions		27	
alaı	28	Net assets with donor restrictions		28	
e B		Organizations that do not follow FASB ASC 958, check here			
Ë.		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds	21,717	29	64,194
ets (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\SS(31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	21,717	32	64,194
Ž	33	Total liabilities and net assets/fund balances	21,717	33	64,194
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2c

3a

3b

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

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

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

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

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

TRIBUTE TO VALOR FOUNDATION 83-2576648 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 TRIBUTE TO VALOR FOUNDATION 83-2576648 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	() 2242	4 > 00.47	() 0040	(D 0040	() 0000	(O T
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
ŏ	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s	ee instructions)			12	
	First five years. If the Form 990 is for the or		•				:)(3)
. •	organization, check this box and stop here	•			•	•	, , ,
Se	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 6, c			column (f)) .		14	9
	Public support percentage from 2019 Sched		-			15	9
16a	a 33 1/3% support test - 2020. If the organiza	ation did not ch	eck the box or	n line 13, and li	ine 14 is 33 1/3	% or more, che	eck this
	box and stop here. The organization qualified	es as a publicly	supported org	ganization			▶ [
ı	33 1/3% support test - 2019. If the organiza	ation did not ch	eck a box on I	ine 13 or 16a,	and line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pul	olicly supported	d organization			▶ [
17a	a 10%-facts-and-circumstances test - 2020.	If the organiza	ation did not ch	neck a box on I	ine 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets				_	•	
	Part VI how the organization meets the facts	-and-circumsta	ances test. The	e organization	qualifies as a p	ublicly support	ed
	organization						
ı	o 10%-facts-and-circumstances test - 2019.	_					
	15 is 10% or more, and if the organization m					-	
	in Part VI how the organization meets the fac-			•	•		
	organization						▶ [

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Se	ction A. Public Support					•	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				347,777	132,233	480,010
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				347,777	132,233	480,010
7a	Amounts included on lines 1, 2, and 3				-	_	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						480,010
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6				347,777	132,233	480,010
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		0	C	347,777	132,233	480,010
14	First 5 years. If the Form 990 is for the orga						
_	organization, check this box and stop here	<u> </u>					▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c					15	100.00 %
	Public support percentage from 2019 Sched					16	0.00 %
Se	ction D. Computation of Investment In						
17						17	0.00 %
18	Investment income percentage from 2019 S					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz						
_	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organiz						
_	line 18 is not more than 33 1/3%, check this	-	-	-	-		
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	see instructions	3 ▶ 📙

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
			
	5b 5c		
	50		
	6		
	7		
	_		_
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide dotal in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers using in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or inustees at all times during the tax year? If "No", "describe in Part VI into the supported organizations of the supported organizations and what conditions or restrictions," any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organizations for the present of the benefit of any supported organizations of the tax year. 2 Did the organization operated is carried out the purposes of the supported organizations of the present of the benefit of any supported organizations of the present of the supported organizations of the supported organizations. 1 Were a majority of the organization's supported organizations. 1 Were a majority of the organization's supported organization maniferated a lose and confluence when the supported organization is provided the supported organization maniferated a lose and confluence when the supported organization's supported	Par	t IV Supporting Organizations (continued)			
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	b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

5

6

EEA

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V	Type III Non Eupetionally	Integrated E00/a\/2\ Suppo	rting Organizations (continued)	_
rant v	Type III Non-Functionally I	integrated bug(a)(b) buppo	rting Organizations (continued)	

Sec	ction D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
_5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

TRIBUTE TO VALOR FOUNDATION

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

83-2576648

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
TRIBUTE TO VALOR FOUNDATION

Employer identification number

83-2576648

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BELL 3255 BELL FLIGHT BLVD FORT WORTH TX 76118	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	RAYTHEON 6000 LEMMON AVE DALLAS TX 75209	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	MATTHEW MALOUF 4143 MAPLE AVE STE 235 Dallas TX 75219	\$5,300 	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	PHILLIPS HIGH TECH CAMPUS 5656 AE EINDHOVEN EINDHOVEN NL 80036	\$15,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	WEBBER KNAPP 441 CHANDLER ST Jamestown NY 14701	\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	ELBIT SYSTEMS PO BOX 136969 Fort Worth TX 76136	\$5,000	Person x Payroll Oncash Occash (Complete Part II for noncash contributions.)		

Name of organization
TRIBUTE TO VALOR FOUNDATION

Employer identification number

83-2576648

Part I	Contributors (see instructions). Use auplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCHNEIDER 800 FEDERAL ST Andover MA 01810	\$\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	TEAGUE LUMBER 2501 WHITE SETTLEMENT RD Fort Worth TX 76107	\$\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TURNER INDUSTRIES 1200 19TH ST SW Paris TX 75460	\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TRIBUTE TO VALOR FOUNDATION 83-2576648 01. Form 990 governing body review (Part VI, line 11) THE MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A DRAFT COPY OF THE TAX RETURN AND HAVE THE OPPORTUNITY TO REVIEW IT FOR COMPLETENESS AND ACCURACY PRIOR TO BEING FILED. THERE IS NO FORMAL SIGNOFF OR COLLECTIVE ACKNOWLEDGEMENT OF EACH MEMBER'S REVIEW. 02. Governing documents, etc, available to public (Part VI, line 19) THE FOUNDATION WILL MAKE ANY GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. 03. Significant program services not listed on prior year return (Part III, line 2) SEE PART III ACHIEVEMENTS AS ALL PROGRAMS IN 2019 WERE PUT INTO PLACE AS THE ORGANIZATION WAS FORMED IN NOVEMBER 2018. 04. List of other fees for services expenses (Part IX, line 11g) The other fees for service expenses are the Operating costs, reimbursable expenses, speaker fees, event food and beverage and rentals.

IRS e-file Signature Authorization for an Exempt Organization

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or calendar year 2020, or fiscal year beginn	nina		and ending

Do not send to the IRS. Keep for your records.

2020

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Name of exempt organization or person subject to tax 83-2576648 TRIBUTE TO VALOR FOUNDATION Name and title of officer or person subject to tax JEREMY BERLIN, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 12345 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 802649 12345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments Name(s) as shown on return TRIBUTE TO VALOR FOUNDATION Statement of Program Service Accomplishments Your Social Security Number 83-2576648

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$10000
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$0

EXPLANATION

Essential Heroes Scholarship The Tribute to Valor Foundation has always honored those who embody the six core values of the Medal of Honor and live a life in service to others. The recent events surrounding Covid-19 have brought to the forefront the sacrifice and service of all essential healthcare and first responders. These brave men and women have always served their communities, putting themselves at risk for the benefit of all. This scholarship is dedicated to the children of essential healthcare workers and first responders.

Statement of Program Service Accomplishments Name(s) as shown on return TRIBUTE TO VALOR FOUNDATION Statement of Program Service Accomplishments Your Social Security Number 83-2576648

FORM 990-PART III(B)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$10000
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$0

EXPLANATION

The Lt Colonel James Megellas/Cornelius Feenstra Scholarship World War II Veteran Lt. Colonel Megellas was the most decorated officer in the history of the famed 82nd Airborne division. He led the crossing of the Waal River during Operation Market Garden, and on May 2nd 1945, he would liberate a conc camp. The Wobbelin Conc Camp was a starvation camp for political prisoner, Jews and enemies of the Nazi regime. The camp was located near the town of Lugwalust Germany and at its height held 5000 prisoners, incl Mr. Cornelius Feenstra. On May 2nd, 1945, Lt. Col Megellas and members of the 82nd liberated the camp saving the lives of many, to include Mr. Feenstra. Fast forward nearly 75 years and on Mar 10th 2020 through the Tribute to Valor Foundation, Mr. Feenstra was reunited with Lt. Col Megellas at a special celebration. The Megellas/Feenstra Scholarship is presented in honor of Lt. Colonel Megellas and Cornelius Feenstra whose life was saved when the camp was liberated 75 years ago.

Statement of Program Service Accomplishments Page 1 Name(s) as shown on return TRIBUTE TO VALOR FOUNDATION Statement of Program Service Accomplishments Your Social Security Number 83-2576648

FORM 990-PART III(C)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$8256

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

EXPLANATION

Corporate Programs: Utilizing a panel discussion format and supplemented by impactful videos, the Tribute to Valor Corporate program offers a great opportunity to inspire employees, managers and other leaders within an organization to reflect on ethics, diversity, teamwork, culture and leadership through a 60-minute presentation by Medal of Honor recipient Gary Littrell, David Bellavia or one of the Foundation's other recipient team members.100 percent of Corporate honorariums go directly to the Tribute to Valor Foundation.

Statement of Program Service Accomplishments Name(s) as shown on return TRIBUTE TO VALOR FOUNDATION Statement of Program Service Accomplishments Your Social Security Number 83-2576648

FORM 990-PART III(D)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$0
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$0

EXPLANATION

STEM-LINER FIELD TRIPS The Tribute to Valor Foundation in partnership with Microsoft, Envoy Airlines, Sheraton Hotels and other incredible sponsors conducted two field trips to NASA's Kennedy and Johnson Space centers. These trips were comprised of 50-75 students selected by their respective districts to fly on a chartered American Airlines Regional Aircraft to immerse for three days at the respective space centers. Medal of Honor recipients engaged the students on both an individual and collective basis through workshops and breakout sessions. Combining the imp of character and the inherent values of the Medal of Honor as paramount for success in any Stem related field provided to be an incredibly effective platform to impact, influence and inspire the next great generation of our nations leaders. Tribute to Valor had a third trip scheduled in Apr of 2020 but due to Covid-19 that trip has been postponed to a later date.