JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C. 5012 MONUMENT AVENUE, SUITE 300 RICHMOND, VA 23230-3632

VETERANS AND ATHLETES UNITED INC. 2536 FALKIRK DRIVE NORTH CHESTERFIELD, VA 23236

Inhlullmhlullmlullmlall

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.



JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C. CERTIFIED PUBLIC ACCOUNTANTS 5012 MONUMENT AVENUE, SUITE 300 RICHMOND, VIRGINIA 23230-3632

CLIENT: 22057VETERAN FEBRUARY 6, 2025

VETERANS AND ATHLETES UNITED INC. 2536 FALKIRK DRIVE NORTH CHESTERFIELD, VA 23236

804-288-0496

STATEMENT

PREPARATION OF 2024 EXEMPT ORGANIZATION TAX RETURN(S) .....

# JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C. CERTIFIED PUBLIC ACCOUNTANTS 5012 MONUMENT AVENUE, SUITE 300 RICHMOND, VIRGINIA 23230-3632

FEBRUARY 6, 2025

VETERANS AND ATHLETES UNITED INC. 2536 FALKIRK DRIVE NORTH CHESTERFIELD, VA 23236

VETERANS AND ATHLETES UNITED INC .:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HILBERT W. WILKINSON III, CPA

### **Filing Instructions**

#### Prepared for:

VETERANS AND ATHLETES UNITED INC. 2536 FALKIRK DRIVE NORTH CHESTERFIELD, VA 23236

#### Prepared by:

JOYNER, KIRKHAM, KEEL & ROBERTSON, P. 5012 MONUMENT AVENUE, SUITE 300 RICHMOND, VA 23230-3632

2024 FORM 990

#### ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025.



#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

#### IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

, 2024, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

VETERANS AND ATHLETES UNITED INC. 46-1844248 JAMES HOWARD Name and title of officer or person subject to tax PRESIDENT

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. F	Part I	Type of Return a	nd Return Info	mation						
To neck the box for the return for which you are using this roth box 9.12 and enter the applicable amount, if any, north the return.	Check the bo	ox for the return for which	n you are using this	Form 8879-T	E and enter th	e applicable	amount, if a	ny, from the	return. F	Form

8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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

nam or	ie line in Part I.						
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 277,148			
2a	b Total revenue, if any (Form 990-EZ, line 9)						
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b			
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b			
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b			
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b			
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b			
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b			
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b			
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22	) 10b			
Part	II Declaration and S	Signatur	e Authorization of Officer or Person Subject to Tax				
Inder	penalties of perjury, I declare th	at XI a	m an officer of the above entity or 🔲 I am a person subject to tax with	respect to (name			
f entit	y)		, (EIN) and that I	have examined a copy of the			
	ete. I further declare that the an	nount in Pa	ules and statements, and, to the best of my knowledge and belief, they it I above is the amount shown on the copy of the electronic return. I co	nsent to allow my			

2 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 selected a awal.

payment of taxes to receive confidential information	i necessary to a	nswer inquiries an	ia resolve issues relate	ed to the payment. I have s
personal identification number (PIN) as my signatur	e for the electro	nic return and, if a	pplicable, the consent	to electronic funds withdr
1 , , ,		,	, ,	
PIN: check one box only				

X lauthorize JOYNER, ERO firm name

KIRKHAM, KEEL & ROBERTSON, P.C. to enter my PIN

44248 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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.

\*\*\*\* THIS IS NOT A FILEABLE COPY

**Certification and Authentication** 

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54366357981

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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's signature

HILBERT W. WILKINSON III, CPA

02/06/25 Date

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**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.

Open to Public Inspection

АГ	or the	e 2024 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number
	Addres	VETERANS AND ATHLETES UNITED INC.			
	Name change	Doing business as		46-18442	48
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	□Final return/	2536 FALKIRK DRIVE		804-288-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	277,148.
	Ameno return	NORTH CHESTERFIELD, VA 23236		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: CAMES HOWARD		for subordinates	? Yes X No
	pendir	2536 FALKIRK DR, RICHMOND, VA 23236		H(b) Are all subordinates in	ncluded? Yes No
1.7	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 🔲 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: WWW.VETSAU.COM		H(c) Group exemptio	n number
ΚF	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2013 N	N State of legal domicile: VA
Pa	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t Ell}$	MPOWER	R WOUNDED, I	NJURED AND
Activities & Governance		ILL VETERANS TO FULLY LIVE THEIR LIVES A	ND HON	OR OUR FALL	EN MILITARY
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Se Se		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			0
ξ	l .	Total number of volunteers (estimate if necessary)			850
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		211,886.	277,148.
	l .	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	l .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,886.	277,148.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,000.	8,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
)SU	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  13,9		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	29.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200,274.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		206,274.	214,327.
		Revenue less expenses. Subtract line 18 from line 12		5,612.	62,821.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)		285,470.	348,291.
t As	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		285,470.	348,291.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	_
		A			
Sigı	n	Signature of officer		Date	
Her	е	JAMES HOWARD, PRESIDENT			
		Type or print name and title			
		Preparer's name Preparer's signature	II.	Date Check	PTIN
Paid	i	HILBERT W. WILKINSON III, HILBERT W. WILK	INSON	02/06/25 self-employ	
-	oarer	Firm's name JOYNER, KIRKHAM, KEEL & ROBERTSON	N, P.C	Firm's EIN 5	4-0987121
Use	Only	Firm's address 5012 MONUMENT AVENUE, SUITE 300			
		RICHMOND, VA 23230-3632		Phone no. (8	04)288-0496
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No
		Department Peduation Act Nation and the congrete instructions			Earm <b>QQ</b> (2024)

Pa	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:
	PROVIDING SUPPORT TO DISABLED VETERANS AND THEIR FAMILY MEMBERS
	THROUGH ACCESSIBLE RETREATS AND ADAPTIVE SPORTS/RECREATION. ALSO HONOR
	OUR FALLEN HEROES FROM THE WAR ON TERROR AS WELL AS THEIR GOLD STAR
	FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$138, 264 • including grants of \$) (Revenue \$)
	SPONSOR VETERANS AND/OR FAMILY MEMBERS TO ATTEND ACCESSIBLE RETREATS,
	CONDUCT ACCESSIBLE RETREAT ACTIVITIES, SPONSOR VETERANS TO ATTEND
	ADAPTIVE SPORTING EVENTS, PROVIDE SPORTING EQUIPMENT AND INTERNAL
	RECREATIONAL PROGRAMS. PROVIDE NETWORKING AND JOB OPPORTUNITIES FOR
	VETERANS AND CAREGIVERS THROUGH VETNET PROGRAM.
4b	(Code:) (Expenses \$
	DISPLAYED OUR WAR ON TERROR MEMORIAL DOG TAG FLAG AT NUMEROUS LOCATIONS
	NATIONWIDE, TO BRING AWARENESS OF THOSE SERVICE MEMBERS THAT MADE THE
	ULTIMATE SACRIFICE IN THE WAR.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 195,620.
	Form <b>990</b> (2024)

# Form 990 (2024) VETERANS AND 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 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 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	
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	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV.	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

# Form 990 (2024) VETERANS AND ATHLE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	١		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	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	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
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			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
<del></del>	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
. 4	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 1a			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

### VETERANS AND ATHLETES UNITED INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No				
<b>2</b> a	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	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		37				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		X				
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	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		X				
b	If "Yes," enter the name of the foreign country	— I							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		F-		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X				
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		5c						
Va			6a		Х				
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	⊦	ua						
b	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		00						
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 p	navor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·····							
•	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	d?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C?	7h						
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?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	1 3 3								
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	izu						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg \neg$							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
15	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		X				
	If "Yes," see the 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?	L	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
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 on line 1a, above, who are independent 1b	7					
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
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		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
<u>Sec</u>	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					
	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 on Schedule O the process, if any, used by the organization to review this Form 990.		77				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37				
	on Schedule O how this was done	12c	Х	37			
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?			37			
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		Λ			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	taxable entity during the year?	16a		X			
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						
<u>C</u>	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 VA	N= -: !	\ ··	-   -			
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	ys only	) avail	adie			
	for public inspection. Indicate how you made these available. Check all that apply.						
46	X Own website						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	na tinai	ncial				
00	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 HILBERT W. "BRET" WILKINSON III - 804-288-0496						
	5012 MONIMENT AVENUE SUITE 300 RICHMOND VA 23230						

### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Calcal   C	X Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer,	director, or trustee.	
Content and title					(0	C)					(F)
Component   Comp	Name and title	hours per week (list any hours for related organizations	box	not c , unle cer ar	heck ss pe	more erson lirecto	than is bot or/trus	th an stee)	compensation from the organization (W-2/1099-MISC/	compensation from related organizations (W-2/1099-MISC/	amount of other compensation from the organization and related
X		line)	Individ	Instituti	Officer	Key em	Highest	Former			organizations
C2		25.00	7.		37				0		_
TREASURER		1 00	Α		Δ				0.	0.	0.
DIRECTOR		1.00			x				0.	0.	0.
(4) KELLI PETERSEN       1.00         COORDINATOR       X       X         (5) TOM ASHMORE       1.00         COORDINATOR       X       X         (6) SEDWICK PRICE       1.00         COORDINATOR       X       X         (7) TOM LUCAS       1.00         BOARDMEMBER       X       X         (8) KEN POE       1.00         BOARDMEMBER       X       X         (9) RJ MEADE       1.00         BOARDMEMBER       X       X         (10) MILLIE CORSORO       1.00	(3) BRIAN MARLEY	1.00									
X   X   0   0   0   0   0   0   0   0	DIRECTOR		X		Х				0.	0.	0.
COORDINATOR   COORDINATOR   X	(4) KELLI PETERSEN	1.00		M							
X   X   X   X   X   X   X   X   X   X	COORDINATOR		Х		X				0.	0.	0.
(6) SEDWICK PRICE         1.00           COORDINATOR         X         X         0.         0.         0.           (7) TOM LUCAS         1.00         0.	(5) TOM ASHMORE	1.00									
COORDINATOR         X         X         X         X         X         0.         0.         0.           (7) TOM LUCAS         1.00         0.	COORDINATOR		X		Х				0.	0.	0.
TOM LUCAS   1.00   X   X   X   0.   0.   0.   0.   0.	(6) SEDWICK PRICE	1.00		7							
BOARDMEMBER         X         X         X         X         0.         0.         0.           (8) KEN POE         1.00         0.	COORDINATOR		X		Х				0.	0.	0.
(8) KEN POE     1.00       BOARDMEMBER     X       (9) RJ MEADE     1.00       BOARDMEMBER     X       (10) MILLIE CORSORO     1.00	(7) TOM LUCAS	1.00									
BOARDMEMBER         X         X         X         0.         0.         0.           (9) RJ MEADE         1.00         0.         0.         0.         0.         0.           BOARDMEMBER         X         X         X         0.         0.         0.           (10) MILLIE CORSORO         1.00         0.         0.         0.         0.	BOARDMEMBER		Х		Х				0.	0.	0.
(9) RJ MEADE         1.00           BOARDMEMBER         X         X         0.         0.         0.           (10) MILLIE CORSORO         1.00         0.	(8) KEN POE	1.00									
BOARDMEMBER X X 0. 0. 0. (10) MILLIE CORSORO 1.00	BOARDMEMBER		Х		Х				0.	0.	0.
(10) MILLIE CORSORO 1.00	(9) RJ MEADE	1.00									
	BOARDMEMBER		Х		Х				0.	0.	0.
SECRETARY X 0. 0. 0.	(10) MILLIE CORSORO	1.00									
	SECRETARY				Х				0.	0.	0.

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	<del> </del>		-			
(A)	(B)			)) Doo				(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timated	
	hours per week					is bot or/trus		compensation from	compensation from related			ount o	1
	(list any	tor						the	organization			ouner oensat	ion
	hours for	Individual trustee or director				DE .		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orga	anizatio	on
	organizations	altrus	Institutional trustee		loyee	Highest compensated employee		1099-NEC)				relate	
	below line)	lividu	stitutic	Officer	key employee	jhest ploye	Former				orga	nizatio	ns
	11110)	Ĕ	lus	≅	Ş.	E E	요						
					Ą					_			_
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI			- 4					0.		0.			0.
d Total (add lines 1b and 1c)								• •	L 0000 of reportab				<u> </u>
compensation from the organization	ot invitod to ti					o,			,,000 01 10001140	.0			0
<del>-</del>												Yes	No
3 Did the organization list any former officer,		. /			-		-		•				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	· ·		-					="	the organization		_		v
and related organizations greater than \$150			•								4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										'	5		Х
Section B. Independent Contractors	piete ochedur	<del>C                                    </del>	Or St	JCIT	pers						<u> </u>		<del></del>
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithir T		year. I		10	٠,	
<b>(A)</b> Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	С	C) omper	r <b>)</b> nsation	1
2 Total number of independent contractors (i \$100,000 of compensation from the organization from the organization)		ot li	mite	d to		se lis	sted	d above) who received m	nore than				
The state of the s												200 (2	00.4

. u		Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		Check if Schedule O contains a response or note to any lin	(A)  Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	277,148.			
		Business Code				
Program Service Revenue	(	a b				
Prog		e				
_		f All other program service revenue  g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		b Less: rental expenses 6b				
		c Rental income or (loss) [6c]				
		d Net rental income or (loss)				
her Revenue		b Less: cost or other basis and sales expenses 7b 7c				
- R	(	d Net gain or (loss)				
Othe		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 8a				
		b Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
		Part IV, line 19 b Less: direct expenses  9a 9b				
		c Net income or (loss) from gaming activities				
		a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b				
		c Net income or (loss) from sales of inventory				
s		Business Code				
Miscellaneous Revenue	11 8	a				
land	ı	b				
Rev		c				
Ĕ		d All other revenue				
		Total Add lines 11a-11d	277,148.	0.	0.	0.
	12	Total revenue. See instructions	1 411,140.			,

#### 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).

	Chack if Schodula O contains a reason	no or note to any line in	this Dort IV	, ,	
Da :	Check if Schedule O contains a respon	(A)	(B) I	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
70,		·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,500.	8,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	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				
0	·				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	2,462.	1,231.	1,231.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	150	7.	75	
	column (A), amount, list line 11g expenses on Sch 0.)	150.	75.	75.	
12	Advertising and promotion	788.			788.
13	Office expenses	69.		69.	
14	Information technology	2,666.	2,666.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
40	· · · · · · · · · · · · · · · · · · ·				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	16 500	16 500		
22	Depreciation, depletion, and amortization	16,579.	16,579.		
23	Insurance	5,186.	2,593.	2,593.	
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 0.)				
а	VETERANS RETREATS AND S	121,392.	121,392.		
b	MEMORIAL TRANSPORTATION	41,858.	41,858.		
	GRANT WRITTER FEES	13,000.	11,000		13,000.
C	POSTAGE	890.	445.	445.	13,000•
d		787.	281.	365.	1 / 1
	All other expenses				141.
25	Total functional expenses. Add lines 1 through 24e	214,327.	195,620.	4,778.	13,929.
26	<b>Joint costs.</b> 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)				
43201	0 12-10-24		I		Form <b>990</b> (2024)

Fai	IL A	balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			167,020.	1	207,822.
	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 of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	sons		5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	191,228.			
	b	Less: accumulated depreciation		50,759.	118,450.	10c	140,469.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				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 equ			285,470.	16	348,291.
	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				21	
S	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
abi		controlled entity or family member of any of the	se pers	sons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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, che	ck he	re 🗌			
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions				27	
B	28	Net assets with donor restrictions				28	
ů		Organizations that do not follow FASB ASC 9	58, ch	eck here X			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds	285,470.	31	348,291.
Š	32	Total net assets or fund balances			285,470.	32	348,291.
	33	Total liabilities and net assets/fund balances			285,470.	33	348,291.

⊢orm	1990 (2024) VEIERANS AND AIRLEIES UNITED INC.	40-	T044740	Pag	ge <b>∣∠</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>48.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			27.
3	Revenue less expenses. Subtract line 2 from line 1	3		•	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	285	5,4	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	348	3,2	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule (	D.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		

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

Form **990** (2024)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VETERANS AND ATHLETES UNITED INC

**Employer identification number** 

		VETE	RANS AND A	THLETES UNIT	ED IN	C.		4	6-18442	248	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete tl	nis part.) S	ee instruction	s.			
The	organ	ization is not a private found									
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).				
2		A school described in sect	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	e 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	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	nit describ	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	intial part of its support t	from a gov	ernmental	unit or from th	ne general	public descri	bed in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	ınction with a	and-grant	college		
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of	the colleg	e or		
		university:									
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ns, membersh	nip fees, ar	nd gross rece	ipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of it	ts support	from gross in	vestment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30	, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)								
11	Ш	An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform	the functio	ons of, or to ca	rry out the	purposes of	one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 5</b>	<b>09(a)(3).</b> C	Check the box	on	
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and	l 12g.			
а											
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting		
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b			anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С								ly integrate	ed with,		
	_	its supported organizatio		•							
d		⊥ Type III non-functionally						-			
		that is not functionally int	-		•			l an attent	iveness		
		requirement (see instruct	•	•							
е		□ Check this box if the organization in the control of th					a Type I, Type	II, Type III			
_		functionally integrated, or	* *	nally integrated support	ing organi	zation.					
		er the number of supported o									
9		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount	of other	
	'	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document?	support (see in:	-	support (see in		
				above (see instructions))	Yes	No					
					<del>                                     </del>						
Take											

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			7			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2024 (	line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2024. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2023. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2024.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	:s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2023.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	ualifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

#### 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	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-,	(-,	(-)	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	104,054.	124,184.	222,654.	211,886.	277,149.	939,927.
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 organ-						
	ization'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	104,054.	124,184.	222,654.	211,886.	277,149.	939,927.
	Total. Add lines 1 through 5	104,034.	124,104.	222,034.	211,000.	211,149.	939,941.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
(	Add lines 7a and 7b			V/			0.
	Public support. (Subtract line 7c from line 6.)						939,927.
Se	ction B. Total Support						, , , , , , , , , , , , , , , , , , ,
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	104,054.	124,184.	222,654.	211,886.	(e) 2024 277,149.	(f) Total 939,927.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				,	, -	
k	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 on 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						
13	assets (Explain in Part VI.)	104,054.	124,184.	222,654.	211,886.	277,149.	939,927.
	First 5 years. If the Form 990 is for the	-				501(c)(3) organizat	
	check this box and stop here		, , ,	,	,	( ) ( )	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2024 (			column (f))		15	100.00 %
16	Public support percentage from 2023						100.00 %
	ction D. Computation of Inves						,,
17	Investment income percentage for 20			ne 13 column (fl)		17	.00 %
	Investment income percentage from 2					18	<del>*************************************</del>
	a 33 1/3% support tests - 2024. If the						
136	more than 33 1/3%, check this box a						X
k	33 1/3% support tests - 2023. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	nd		
	11c below, the governing body of a supported organization?	11a		
h	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11.2		
	provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	110		
	out. 2. Type I capper any organizations		Yes	No
4	Did the governing healy members of the governing healy officers eating in their official conseits, or members	archin of one or	162	NO
	Did the governing body, members of the governing body, officers acting in their official capacity, or members more supported organizations have the power to regularly appoint or elect at least a majority of the organizations			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organi			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated to the control of the control			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax ye	ear. 1		
	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	S		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contro			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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	e		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	orior 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 provide	ded? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte	ed		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
		r(see instructions).		
a		(555		
b				
c		nental		
·	entity (see instructions).	ioritar		
2			Yes	No
		.f	163	IVO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	<b>'</b>		
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determine			
	that these activities constituted substantially all of its activities.	2a		
	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain	111		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	21		
	these activities but for the organization's involvement.	2b		
	5			
		_		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	rd. 3b		1

Sche	dule A (Form 990) 2024 VETERANS AND ATHLETES UNI	TED	INC.	46-1844248 Page 6
Pai		Org	anizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 ( explain .	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of			,
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		

Under the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2024

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3. Income tax imposed in prior year

instructions).

3 4

5

6

10

10 Line 8 amount divided by line 9 amount

<u></u>	Line o amount divided by line 3 amount	1	10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
_8	Breakdown of line 7:			
	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

20

### Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

VETERANS AND ATHLETES UNITED INC. 46-1844248

Organization type (check one):

of garillation type (check one).						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$oxed{X}$ 501(c)( $oxed{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-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	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
	•	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 g requirements of Schedule B (Form 990).				

#### VETERANS AND ATHLETES UNITED INC.

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	CYNTHEANNE CHRISTIAN CHURCH  13151 CYNTHEANNE RD  FISHERS, IN 46037	\$ <u>13,756.</u>	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				
2	PO BOX 29146 HENRICO, VA 23242	\$ 30,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	JAMES HOWARD  2536 FALKIRK DRIVE  NORTH CHESTERFIELD, VA 23236	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	VIRGINIANS FOR VETERANS  12764 OAK LANE COURT  MIDLOTHIAN, VA 23112	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	RUPERT P CHANDLER JR  195 RIDGEVIEW DRIVE  STUARTS DRAFT, VA 24477	\$5,000.	Person X Payroll				
(a) No.	(b)  Name, address, and ZIP + 4  CHARLOTTESVILLE AREA COMMUNITY	(c) Total contributions	(d) Type of contribution				
6	P.O. BOX 1767	\$11,000.	Person X Payroll				
	CHARLOTTESVILLE, VA 22902		noncash contributions.)				

#### VETERANS AND ATHLETES UNITED INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HUGUENOT TRAIL ROTARY CLUB FOUNDATION INC P.O. BOX 478	\$ <u>8,500.</u>	Person X  Payroll  Noncash
	MIDLOTHIAN, VA 23113		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DISNEY WORLDWIDE SERVICES		Person X
	1375 E BUENA VISTA DRIVE	\$6,500.	Payroll Noncash
	N LAKE BUENA VISTA, FL 32830-8402		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TUNNEL TO TOWERS FOUNDATION		Person X Payroll
	2361 HYLAN BLVD	\$	Noncash (Complete Part II for
	STATEN ISLAND, NY 10306		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CLARITY ORGANIZATION, INC.		Person X
	3700 JAMES RIVER ROAD	\$10,702.	Payroll Noncash  (Complete Part II for
	MIDLOTHIAN, VA 23113		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THE AMERICAN LEGION, DEPARTMENT OF VIRGINIA		Person X
	1708 COMMONWEALTH AVENUE	\$10,360.	Payroll Noncash
	RICHMOND, VA 23230		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AMBRA MEDA		Person X
	11124 N MEADS AVENUE	\$5,000.	Payroll Noncash
	ORANGE, CA 92869		(Complete Part II for noncash contributions.)

#### VETERANS AND ATHLETES UNITED INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HAMPTON ROADS COMMUNITY FOUNDATION  101 WEST MAIN ST, SUITE 4500	\$15,000 <b>.</b>	Person X Payroll Noncash
	NORFOLK, VA 23510		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BPS & CABELA OUTDOOR FUND  2500 EAST KEARNY ST  SPRINGFIELD , MO 65898	\$ 5,000.	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
15	STEEL HOPE PO BOX 550 MINERAL WELLS, TX 76068	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SCOTFEST INC.  PO BOX 471664  TULSA, OK 74147	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JOHN RANDOLPH SUPPORT FUND INC.  PO BOX 1606  HOPEWELL, VA 23860	\$ 21,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

#### VETERANS AND ATHLETES UNITED INC.

Part	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (e) No. Tom Description of noncash property given  (a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (a) No. Tom Description of noncash property given  (a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Date received (General Institutions.)	No. from		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received the second of			\$_	
(a) No. from Part I Description of noncash property given (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date receive (See instructions.)  (a) No. from Description of noncash property given (See instructions.)  (a) No. from Description of noncash property given (See instructions.)  (a) No. from Description of noncash property given (See instructions.)  (a) No. from Description of noncash property given (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date receive (See instructions.)	No. from		(c) FMV (or estimate)	(d) Date received
No. from Part I  (a) (b) (c) (c) (c) (d) (d) (d) (d) (e) (see instructions.)  (a) (b) (c) (c) (d) (d) (d) (d) (e) (see instructions.)  (b) (c) (d) (d) (d) (e) (see instructions.)  (a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			\$	
(a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (d) Date received (d) Dat	No. from		FMV (or estimate)	(d) Date received
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (d) Date received (See instructions.)  (a) No. from Description of noncash property given (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date receive  \$  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (C) FMV (or estimate) (See instructions)  (d) Date receive	No. from	· ·	FMV (or estimate)	(d) Date received
No. from Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			\$	
(a) No. (b) from Description of noncash property given  (c) FMV (or estimate) (See instructions) Date receive	No. from		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (d) Fermion Description of noncash property given (See instructions ) Date received	-		\$	
	No. from		FMV (or estimate)	(d) Date received
<del></del>			\$	

Schedule B (Form 990) (Rev. 12-2024) Name of organization Employer identification number 46-1844248 VETERANS AND ATHLETES UNITED INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

#### (e) Transfer of gift

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of sift	

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VETERANS AND ATHLETES UNITED INC.

Employer identification number 46-1844248

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	land a mark a library in the land of the		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments		·
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990. Part X		\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other		191,228.	50,759.	140,469.
Total Add lines 1a through 1e (Column (d) must equ	140.469.			

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) V E I ERANS AN	O STITLE OF	MITED INC. 40	-1044240 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	/Is V D and a series a
	escription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X   Other Liabilities	(B))		
	on Farma 000 David IV line	11a au 11f Can Faure 000 Bart V line 0	-
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	
.,			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			
2. Liability for uncertain tax positions. In Part XIII, provide to	the text of the footnote to	o the organization's financial statements	that reports the

Schedule D (Form 990) (Rev. 12-2024)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

#### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VETERANS AND ATHLETES UNITED INC.

Employer identification number 46-1844248

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

HEROES.

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

THE TAX RETURN IS PREPARED BY THE TREASURER, THEN REVIEWED BY THE BOARD BEFORE IT IS SIGNED OFF BY THE PRESIDENT.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT AFFIRMING THEY READ AND
UNDERSTAND THE CONFLICT OF INTEREST POLICY AND AGREES TO COMPLY WITH IT.

ORGANIZATION ALSO CONDUCTS PERIODIC REVIEWS THAT COMPENSATION AND OTHER

ARRANGEMENTS ARE AT ARM'S LENGTH AND CONFORM TO WRITTEN POLICIES.

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

AVAILABLE UPON REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JAMES HOWARD - 2536 FALKIRK DR, RICHMOND, VA 23236

HILBERT W. "BRET" WILKINSON III - 2536 FALKIRK DR, RICHMOND, VA 23236

BRIAN MARLEY - 2536 FALKIRK DR, RICHMOND, VA 23236

KELLI PETERSEN - 2536 FALKIRK DR, RICHMOND, VA 23236

TOM ASHMORE - 2536 FALKIRK DR, RICHMOND, VA 23236

SEDWICK PRICE - 2536 FALKIRK DR, RICHMOND, VA 23236

TOM LUCAS - 2536 FALKIRK DR, RICHMOND, VA 23236

KEN POE - 2536 FALKIRK DR, RICHMOND, VA 23236

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

Schedule O (Form 990) (Rev. 12-2024)

#### 2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	MOBILE MEMORIAL	05/31/18	SL	15.00	1	L6	63,020.				63,020.	23,456.		4,201.	27,657.
6	TRAILER	01/01/20	SL	5.00	1	L6	6,505.				6,505.	5,204.		1,301.	6,505.
7	MEMORIAL 1	12/31/21	SL	15.00	1	L 6	3,283.				3,283.	438.		219.	657.
8	MEMORIAL 2	12/31/22	SL	15.00	1	L 6	43,122.				43,122.	2,875.		2,875.	5,750.
9	TRAILER 2	12/31/22	SL	5.00	1	L6	8,700.				8,700.	1,740.		1,740.	3,480.
10	MEMORIAL TRUCK	11/30/23	SL	5.00	1	L6	28,000.				28,000.	467.		5,600.	6,067.
11	MEMORIAL TRUCK 2	11/18/24	SL	5.00	1	L6	38,598.				38,598.			643.	643.
	* TOTAL 990 PAGE 10 DEPR						191,228.				191,228.	34,180.		16,579.	50,759.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						152,630.			0.	152,630.	34,180.			50,116.
	ACQUISITIONS						38,598.			0.	38,598.	0.			643.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						191,228.			0.	191,228.	34,180.			50,759.
	ENDING ACCUM DEPR											50,759.			
	ENDING BOOK VALUE											140,469.			

428111 04-01-24

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone