

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

www.irs.gov/Form990EZ for instructions and the

Form 990-EZ

Return of Organization

Exempt From Income Tax Under

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

latest information.

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Short Form

Do not enter social security numbers on this

form, as it may be made public. Go to

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated Amended return

Once a Soldier Incorporated

Application pending

C Name of organization

Number and street (or P.O. box if mail is not

delivered to street address) Room/suite

337 Van Gogh Circle

Ponte Vedra, FL 32081

Number

D Employer identification number

City or town, state or province, country, and ZIP or foreign postal code

82-279201

E Telephone number **904-477-9995**

F Group Exemption

G Accounting Method: Cash Accrual Other (specify) H Check if the organization is not

I Website:

www.onceasoldier.org

required to attach Schedule B

4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.)

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 1

Contributions, gifts, grants, and similar amounts received 1

102,609.70 2 Program service revenue including government fees and contracts 2

3 Membership dues and assessments 3

4 Investment income 4

5 a Gross amount from sale of assets other than inventory 5a

b Less: cost or other basis and sales expenses 5b

c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events:

a Gross income from gaming (attach Schedule G if greater than

\$15,000) 6a

b Gross income from fundraising events (not including \$ of contributions

from fundraising events reported on line 1) (attach Schedule G if the

sum of such gross income and contributions exceeds \$15,000) . .

6b

c Less: direct expenses from gaming and fundraising events . . . 6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d 7 a Gross sales of inventory, less returns and allowances

. 7a

b Less: cost of goods sold 7b

c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O)

. 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9

10 Grants and similar amounts paid (list in Schedule O)

. 10 11 Benefits paid to or for members

. 11 12 Salaries, other compensation, and employee benefits .

. 12

102,609.70 2,000.00

2,325.35

13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	99,562.23
17 Total expenses. Add lines 10 through 16		
17 18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	103,887.58 (1,277.88)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,867.25 589.37
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2019) Form 990-EZ (2019) Page 2 **Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year

22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 25 Total assets	25	1,867.25 589.37
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	1,867.25 589.37

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III Expenses

What is the organization's primary exempt purpose? **veteran suicide** (Required for section 501(c)(3) and 501(c)(4) **Crisis financial assistance for families of**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. **Support for two families who experienced suicide of their veteran family member** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

(Grants \$) If this amount includes foreign grants, check here ▶ 28a **2,000.00**

29
Marketing expenses and event costs to create awareness of the charity and its mission

(Grants \$) If this amount includes foreign grants, check here ▶ 29a 30 (Grants \$) If this amount includes foreign grants, check here ▶ 31a 31 Other program services (describe in Schedule O)
32 Total program service expenses (add lines 28a through 31a) ▶ 32

(Grants \$) If this amount includes foreign grants, check here ▶ 30a **101,562.23**

99,562.23

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(c) Reportable compensation (d) Health benefits, contributions to employee	(e) Estimated amount of devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation other compensation
David Barbush		2,325.35	

David Barbush **2,325.35**

Form 990-EZ (2019) Page 3 **Part V** Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ✓

Yes No

33 Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the

change on Schedule O. See instructions e All organizations. At any time during the tax year, was the

34 35 a Did the organization have unrelated business gross income of organization a party to a prohibited tax shelter transaction? If "Yes," \$1,000 or more during the year from business activities (such as those complete Form 8886-T 40e 41 List the reported on lines 2, 6a, and 7a, among others)? 35a b states with which a copy of this return is filed

If "Yes" to line 35a, has the organization filed a Form 990-T for the year? 42a The organization's books are in care of Telephone no. David Barbush 904-477-9995 If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization reporting, and proxy tax Located at ZIP + 4 337 Van Gogh Circle, Ponte Vedra, FL 32081 subject to section 6033(e) notice, requirements during the year? If "Yes," complete Schedule C, Part III . ✓

35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37 ✓

a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . 38a b ✓ ✓

If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . 38b 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ✓ ✓

section 4911 ; section 4912 ; section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 b 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes No 42b d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? . 42c If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d ✓

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section

Form 990-EZ (2019) Page 4 Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . .

..... 46 **Part VI** Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI Yes No

47 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 organization? 49a b If "Yes," was the related organization a section 527 organization? 49b

47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor (b) Type of service (c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here Type or print name and title Date Check if PTIN

Paid Signature of officer Date Print/Type preparer's name Preparer's signature

Preparer Use Only

self-employed

Firm's name * Firm's EIN * Firm's address * Phone no.

May the IRS discuss this return with the preparer shown above? See instructions * Yes No Form 990-EZ (2019)