

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>Cohen Veterans Network Inc                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 | A Employer identification number<br>47-3950655                                                                                                                                        |                                                                                                                        |
| % ANTHONY HASSAN                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>C/O POINT72 LP72 CUMMINGS POINT RD                                                                                                                                                                             | Room/suite                                                                                                                                                                                      | B Telephone number (see instructions)<br><br>(203) 569-0285                                                                                                                           |                                                                                                                        |
| City or town, state or province, country, and ZIP or foreign postal code<br>STAMFORD, CT 06902                                                                                                                                                                                                      |                                                                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                            |                                                                                                                        |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                 | D 1. Foreign organizations, check here..... <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |                                                                                                                        |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |                                                                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>                                                                   |                                                                                                                        |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 27,636,446                                                                                                                                                                                                  | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) |                                                                                                                                                                                       | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                     | 15,112,624                         |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                     |                                    |                           | 29,918                  |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                          | 29,918                             |                           |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                           | 15,142,542                         | 0                         | 29,918                  |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                               | 688,423                            |                           |                         | 694,077                                                     |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                       | 4,284,725                          |                           |                         | 4,226,315                                                   |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                        | 1,368,763                          |                           |                         | 1,358,697                                                   |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                           | 180,983                            | 0                         | 0                       | 175,294                                                     |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                        | 82,983                             | 0                         | 0                       | 82,983                                                      |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                | 2,836,882                          |                           |                         | 2,698,707                                                   |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                            | 2,179,343                          |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                               | 1,459,956                          |                           |                         | 1,442,388                                                   |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                       | 1,228,658                          |                           |                         | 1,803,026                                                   |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                               | 102,637                            |                           |                         | 99,794                                                      |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                        | 1,143,226                          |                           |                         | 1,126,539                                                   |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                    | 15,556,579                         | 0                         | 0                       | 13,707,820                                                  |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                       | 27,485,394                         |                           |                         | 27,485,394                                                  |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                             | 43,041,973                         | 0                         | 0                       | 41,193,214                                                  |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                  | -27,899,431                        |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                     |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                     |                                                                                                      |                                    |                           | 29,918                  |                                                             |

| Part II Balance Sheets                                                                                |                                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) |                |                       |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                       |                                                                                                                                               | Beginning of year                                                                                                    | End of year    |                       |
|                                                                                                       |                                                                                                                                               | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                | 1 Cash—non-interest-bearing . . . . .                                                                                                         | 15,125,640                                                                                                           | 15,914,842     | 15,914,842            |
|                                                                                                       | 2 Savings and temporary cash investments . . . . .                                                                                            |                                                                                                                      |                |                       |
|                                                                                                       | 3 Accounts receivable ▶ <u>677,238</u>                                                                                                        |                                                                                                                      |                |                       |
|                                                                                                       | Less: allowance for doubtful accounts ▶ _____                                                                                                 | 703,777                                                                                                              | 677,238        | 677,238               |
|                                                                                                       | 4 Pledges receivable ▶ _____                                                                                                                  |                                                                                                                      |                |                       |
|                                                                                                       | Less: allowance for doubtful accounts ▶ _____                                                                                                 | 32,041,104                                                                                                           |                |                       |
|                                                                                                       | 5 Grants receivable . . . . .                                                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .           |                                                                                                                      |                |                       |
|                                                                                                       | 7 Other notes and loans receivable (attach schedule) ▶ _____                                                                                  |                                                                                                                      |                |                       |
|                                                                                                       | Less: allowance for doubtful accounts ▶ _____                                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 8 Inventories for sale or use . . . . .                                                                                                       | 2,514,991                                                                                                            | 2,205,754      | 2,205,754             |
|                                                                                                       | 9 Prepaid expenses and deferred charges . . . . .                                                                                             |                                                                                                                      |                |                       |
|                                                                                                       | 10a Investments—U.S. and state government obligations (attach schedule)                                                                       |                                                                                                                      |                |                       |
|                                                                                                       | b Investments—corporate stock (attach schedule) . . . . .                                                                                     |                                                                                                                      |                |                       |
|                                                                                                       | c Investments—corporate bonds (attach schedule) . . . . .                                                                                     |                                                                                                                      |                |                       |
|                                                                                                       | 11 Investments—land, buildings, and equipment: basis ▶ _____                                                                                  |                                                                                                                      |                |                       |
| Less: accumulated depreciation (attach schedule) ▶ _____                                              |                                                                                                                                               |                                                                                                                      |                |                       |
| 12 Investments—mortgage loans . . . . .                                                               |                                                                                                                                               |                                                                                                                      |                |                       |
| 13 Investments—other (attach schedule) . . . . .                                                      |                                                                                                                                               |                                                                                                                      |                |                       |
| 14 Land, buildings, and equipment: basis ▶ <u>11,875,051</u>                                          |                                                                                                                                               |                                                                                                                      |                |                       |
| Less: accumulated depreciation (attach schedule) ▶ <u>3,036,439</u>                                   | 4,304,302                                                                                                                                     | 8,838,612                                                                                                            | 8,838,612      |                       |
| 15 Other assets (describe ▶ _____)                                                                    |                                                                                                                                               |                                                                                                                      |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 54,689,814                                                                                                                                    | 27,636,446                                                                                                           | 27,636,446     |                       |
| Liabilities                                                                                           | 17 Accounts payable and accrued expenses . . . . .                                                                                            | 1,849,579                                                                                                            | 1,089,451      |                       |
|                                                                                                       | 18 Grants payable . . . . .                                                                                                                   |                                                                                                                      |                |                       |
|                                                                                                       | 19 Deferred revenue . . . . .                                                                                                                 | 1,071,537                                                                                                            | 2,677,728      |                       |
|                                                                                                       | 20 Loans from officers, directors, trustees, and other disqualified persons                                                                   |                                                                                                                      |                |                       |
|                                                                                                       | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                              |                                                                                                                      |                |                       |
|                                                                                                       | 22 Other liabilities (describe ▶ _____)                                                                                                       |                                                                                                                      |                |                       |
|                                                                                                       | 23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                               | 2,921,116                                                                                                            | 3,767,179      |                       |
| Net Assets or Fund Balances                                                                           | <b>Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 24, 25, 29 and 30.</b> |                                                                                                                      |                |                       |
|                                                                                                       | 24 Net assets without donor restrictions . . . . .                                                                                            | 51,768,698                                                                                                           | 23,869,267     |                       |
|                                                                                                       | 25 Net assets with donor restrictions . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | <b>Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/></b><br><b>and complete lines 26 through 30.</b>         |                                                                                                                      |                |                       |
|                                                                                                       | 26 Capital stock, trust principal, or current funds . . . . .                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                                                                             |                                                                                                                      |                |                       |
|                                                                                                       | 28 Retained earnings, accumulated income, endowment, or other funds                                                                           |                                                                                                                      |                |                       |
|                                                                                                       | 29 <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                      | 51,768,698                                                                                                           | 23,869,267     |                       |
|                                                                                                       | 30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                 | 54,689,814                                                                                                           | 27,636,446     |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                          |   |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 51,768,698  |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -27,899,431 |
| 3 Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 |             |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 23,869,267  |
| 5 Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 |             |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | 6 | 23,869,267  |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b>                                                                                                                          |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |
|                                                                                                                                    |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b>                 |                                               |                                                    |                                                 |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

  

|                                                                                                                                                                                                           |          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | <b>2</b> |  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 | <b>3</b> |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                 | 26,993,938                               | 16,457,803                                   | 1.640191                                                    |
| 2017                                                                 | 27,860,923                               | 9,200,779                                    | 3.028105                                                    |
| 2016                                                                 | 5,269,163                                | 5,756,444                                    | 0.91535                                                     |
| 2015                                                                 | 25,182,900                               | 13,077,285                                   | 1.925698                                                    |
| 2014                                                                 | 2,088,509                                | 5,198,714                                    | 0.401736                                                    |

  

|                                                                                                                                                                                       |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | <b>2</b> | 7.91108    |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | <b>3</b> | 1.582216   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                 | <b>4</b> | 23,517,730 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | <b>5</b> | 37,210,129 |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | <b>6</b> | 0          |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | <b>7</b> | 37,210,129 |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | <b>8</b> | 41,193,214 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                     |           |        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |        |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                | <b>1</b>  | 0      |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                             |           |        |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  |        |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                          | <b>3</b>  | 0      |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  |        |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                            | <b>5</b>  | 0      |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |        |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                   | <b>6a</b> | 91,493 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                       | <b>6b</b> |        |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                       | <b>6c</b> |        |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                   | <b>6d</b> |        |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                        | <b>7</b>  | 91,493 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | <b>8</b>  |        |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                      | <b>9</b>  |        |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                          | <b>10</b> | 91,493 |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 0 <b>Refunded</b> <b>▶</b>                                                                                                                        | <b>11</b> | 91,493 |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                  | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0                                                                                                                                                      |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0                                                                                                                                                                                                     |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>                                  | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                 | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                     | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> See Additional Data Table                                                                                                                                                                                                               |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | Yes |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .                                                                                                                                                                                                   | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.cohenveteransnetwork.org</u>                         | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► <u>ANTHONY HASSAN</u> Telephone no. ► <u>(203) 569-0280</u>                                                                                                            |           |            |           |

Located at ► 72 CUMMINGS POINT ROAD STAMFORD CT ZIP+4 ► 06902

|           |                                                                                                                                                                                                     |                          |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .                                                                                 | <input type="checkbox"/> |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | ► <b>15</b>              |            |           |
| <b>16</b> | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b>                | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►                                                                  |                          |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                               |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                             |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                              |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                    |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .                                                                                                                                                                                                                                                                      | <b>1b</b>  | <b>No</b> |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                   |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .                                                                                                                                                                                                                                                                                                        | <b>1c</b>  | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                           |            |           |
| <b>a</b>  | At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                             |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                          | <b>2b</b>  |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                              |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . | <b>3b</b>  |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                        | <b>4b</b>  | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                                      |                                                                     |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to:                                                                                                                                                                                       |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .               |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . .                                                                                                                                                          | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .<br>If "Yes" to 6b, file Form 8870.                                                                                              |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                             |                                                                     | <b>7b</b>  |           |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .                                                                                                                                  |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address                                                                                                         | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address of each employee paid more than \$50,000                                                                | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation                          | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| CARL MARUCCI                                                                                                                        | SVP, ADVANCEMENT                                                 | 247,598                                          | 61,655                                                                       | 0                                            |
| 72 CUMMINGS POINT ROAD<br>STAMFORD, CT 06902                                                                                        | 40.0                                                             |                                                  |                                                                              |                                              |
| PAUL WOOD                                                                                                                           | CHIEF EXEC AFFAIRS                                               | 240,808                                          | 69,727                                                                       | 0                                            |
| 72 CUMMINGS POINT ROAD<br>STAMFORD, CT 06902                                                                                        | 40.0                                                             |                                                  |                                                                              |                                              |
| CRYSTAL SHELTON                                                                                                                     | VP, NETWORK GROWTH                                               | 195,346                                          | 61,808                                                                       | 0                                            |
| 72 CUMMINGS POINT ROAD<br>STAMFORD, CT 06902                                                                                        | 40.0                                                             |                                                  |                                                                              |                                              |
| CAITLIN THOMPSON                                                                                                                    | VP, COMM PARTNERSHIP                                             | 192,916                                          | 54,266                                                                       | 0                                            |
| 72 CUMMINGS POINT ROAD<br>STAMFORD, CT 06902                                                                                        | 40.0                                                             |                                                  |                                                                              |                                              |
| GERALD ALTIERI                                                                                                                      | VP, CLINICAL PROG                                                | 188,320                                          | 61,185                                                                       | 0                                            |
| 72 CUMMINGS POINT ROAD<br>STAMFORD, CT 06902                                                                                        | 40.0                                                             |                                                  |                                                                              |                                              |
| <b>Total</b> number of other employees paid over \$50,000. . . . .                                                                  |                                                                  |                                                  |                                                                              | <b>29</b>                                    |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                             | (b) Type of service | (c) Compensation |
|-----------------------------------------------------------------------------------------|---------------------|------------------|
| Coppersmith Brockelman PLC<br>2800 N Central Avenue Suite 1900<br>PHOENIX, AZ 850041241 | Legal services      | 99,274           |
| Jill Aske<br>3933 Wawona Street<br>LOS ANGELES, CA 90065                                | Video Production    | 64,750           |
| PCI Creative Group LLC<br>652 Glenbrook Road Suite 2-301<br>STAMFORD, CT 06906          | Marketing services  | 64,297           |
| CRM Passport LLC<br>PO Box 39000<br>SAN FRANCISCO, CA 94139                             | Cloud technology    | 58,472           |
| Grant Thornton LLP<br>757 3rd Avenue 9<br>NEW YORK, NY 100172013                        | Accounting          | 56,623           |

**Total** number of others receiving over \$50,000 for professional services. . . . . **1**

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>1</b> CLINIC GRANTS - SEE ATTACHMENT 1                                                                                                                                                                                                              | 27,376,769 |
| <b>2</b> CLINIC OPERATIONS AND NETWORK DEVELOPMENT - SEE ATTACHMENT 1                                                                                                                                                                                  | 9,644,218  |
| <b>3</b> ACCESS TO CARE AND REDUCING STIGMA - SEE ATTACHMENT 1                                                                                                                                                                                         | 2,003,981  |
| <b>4</b> TRAINING, TELEHEALTH & SCHOLARS - SEE ATTACHMENT 1                                                                                                                                                                                            | 912,947    |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
| <b>2</b>                                                                                                          |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
| <b>Total.</b> Add lines 1 through 3                                                                               |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |            |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 0          |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 23,875,868 |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 23,875,868 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> |            |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 23,875,868 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 358,138    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 23,517,730 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 1,175,887  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

|           |                                                                                                                    |           |  |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  |  |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5. . . . .                                                    | <b>2a</b> |  |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |  |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> |  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  |  |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  |  |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  |  |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  |  |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  |  |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 41,193,214 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0          |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  | 0          |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |            |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> | 0          |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> | 0          |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 41,193,214 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 0          |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 41,193,214 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                                |               |                            |             |             |
| <b>2</b> Undistributed income, if any, as of the end of 2019:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .                                                                                                                                               |               |                            |             |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       |               |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____                                                                                                               |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .                                                                                                                                     |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        |               |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             |               |                            |             |             |
| <b>6 Enter the net total of each column as indicated below:</b>                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            |             |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             |             |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9 Excess distributions carryover to 2020.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                           |               |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                         |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year                                                                                                                                                    | Prior 3 years |            |            | (e) Total |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|------------|-----------|------------|
| (a) 2019                                                                                                                                                    | (b) 2018      | (c) 2017   | (d) 2016   |           |            |
| 29,918                                                                                                                                                      |               | 469,025    | 287,822    | 786,765   |            |
| 25,430                                                                                                                                                      |               | 398,671    | 244,649    | 668,750   |            |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                           |               |            |            |           |            |
| 25,430                                                                                                                                                      |               | 398,671    | 244,649    | 668,750   |            |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                      | 41,193,214    | 26,993,938 | 25,192,790 | 5,269,163 | 98,649,105 |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                    | 2,391,950     | 3,250,974  | 1,184,980  | 3,661,009 | 10,488,913 |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                            | 38,801,264    | 23,742,964 | 24,007,810 | 1,608,154 | 88,160,192 |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                         |               |            |            |           |            |
| <b>a</b> "Assets" alternative test—enter:                                                                                                                   |               |            |            |           |            |
| (1) Value of all assets . . . . .                                                                                                                           |               |            |            |           |            |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |               |            |            |           | 0          |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                         | 783,925       | 548,593    | 312,683    | 191,881   | 1,837,082  |
| <b>c</b> "Support" alternative test—enter:                                                                                                                  |               |            |            |           |            |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |            |            |           | 0          |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |               |            |            |           | 0          |
| (3) Largest amount of support from an exempt organization                                                                                                   |               |            |            |           | 0          |
| (4) Gross investment income                                                                                                                                 |               |            |            |           | 0          |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount     |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| Name and address (home or business)                                      |                                                                                                                    |                                      |                                     |            |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table        |                                                                                                                    |                                      |                                     |            |
| <b>Total</b> . . . . .                                                   |                                                                                                                    |                                      | <b>▶ 3a</b>                         | 27,485,394 |
| <b>b</b> <i>Approved for future payment</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |            |
| <b>Total</b> . . . . .                                                   |                                                                                                                    |                                      | <b>▶ 3b</b>                         | 44,135,293 |

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |  | Yes | No |
|--|-----|----|
|--|-----|----|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

- |       |  |    |
|-------|--|----|
| 1a(1) |  | No |
| 1a(2) |  | No |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

- |              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
| <b>1b(2)</b> |  | <b>No</b> |
| <b>1b(3)</b> |  | <b>No</b> |
| <b>1b(4)</b> |  | <b>No</b> |
| <b>1b(5)</b> |  | <b>No</b> |
| <b>1b(6)</b> |  | <b>No</b> |

|    |  |    |
|----|--|----|
| 1c |  | No |
|----|--|----|

value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                                                                                                         |                                          |               |                |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------|------------------------------------------|---------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b><br> | *****                                    | 2020-11-10    | *****          | <div style="border: 1px solid black; padding: 5px;">             May the IRS discuss this return with the preparer shown below<br/>             (see instr.) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> </div> |
|                                                                                                         | _____<br>Signature of officer or trustee | _____<br>Date | _____<br>Title |                                                                                                                                                                                                                                                       |

|                               |                                                           |  |  |  |                          |
|-------------------------------|-----------------------------------------------------------|--|--|--|--------------------------|
| <b>Paid Preparer Use Only</b> | MICHAEL SALES                                             |  |  |  |                          |
|                               | Firm's name ► ERNST & YOUNG US LLP                        |  |  |  | Firm's EIN ►             |
|                               | Firm's address ► 99 WOOD AVENUE SOUTH<br>ISELIN, NJ 08830 |  |  |  | Phone no. (732) 516-4200 |

**Form 990PF Part VII-A Line 8a**

|                                                                                  |                                                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Enter the states to which the foundation reports or with which it is registered: | AL, AK, CA, CO, CT, AK, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                                     | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| STEVEN A COHEN                                           | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| DOUGLAS D HAYNES                                         | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| MICHAEL SULLIVAN                                         | TREASURER<br>3.0                                             | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| Gary Goldring                                            | Director<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| ADMIRAL MICHAEL MULLEN                                   | CHAIRMAN<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| ERIC WEINGARTNER                                         | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| SENATOR JOSEPH LIEBERMAN                                 | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| LINDA ROSENBERG MSW                                      | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| MARY WINNEFELD MA                                        | DIRECTOR<br>3.0                                              | 0                                         | 0                                                                     | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| ANTHONY HASSAN                                           | CEO & PRESIDENT<br>50.0                                      | 443,654                                   | 77,589                                                                | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |
| ALICE KIM                                                | COO<br>50.0                                                  | 244,769                                   | 64,817                                                                | 0                                     |
| C/O POINT72 LP72 CUMMINGS POINT RD<br>STAMFORD, CT 06902 |                                                              |                                           |                                                                       |                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |            |
| ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES INC<br>4020 Folker Street<br>Anchorage, AK 99508              | NONE                                                                                                      | PC                             | Military Family Clinic           | 476,630    |
| ASPIRE HEALTH PARTNERS<br>5151 ADANSON STREET STE 200<br>ORLANDO, FL 32804                               | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,344,491  |
| Cape Fear Valley Health System<br>1638 Owen Drive<br>Fayetteville, NC 28304                              | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,529,567  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 27,485,394 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |            |
| Centerstone of Jacksonville<br>44 Vantage Way Suite 400<br>Nashville, TN 37228                           | NONE                                                                                                      | PC                             | Military Family Clinic           | 647,680    |
| CENTERSTONE OF TENNESSEE INC<br>44 VANTAGE WAY SUITE 400<br>Nashville, TN 37228                          | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,840,174  |
| Easter Seals Serving DCMDVA Inc<br>1420 Spring Street<br>Silver Spring, MD 20910                         | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,886,078  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 27,485,394 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |            |
| Easter Seals Serving DCMDVA Inc<br>1420 Spring Street<br>Silver Spring, MD 20910                         | NONE                                                                                                      | PC                             | Cohen Fellow                     | 30,625     |
| Family Endeavors Inc6363 De Zavala Rd<br>San Antonio, TX 78249                                           | NONE                                                                                                      | PC                             | Military Family Clinic           | 2,842,637  |
| Family Endeavors Inc6363 De Zavala Rd<br>San Antonio, TX 78249                                           | NONE                                                                                                      | PC                             | Military Family Clinic           | 3,984,099  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 27,485,394 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount     |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |            |
| <b>a</b> <i>Paid during the year</i>                              |                                                                                                                    |                                      |                                     |            |
| Metrocare Services1345 River Bend Dr<br>Dallas, TX 75247          | NONE                                                                                                               | PC                                   | Military Family Clinic              | 1,783,812  |
| NYU Langone Medical Center<br>333 E 38th St<br>New York, NY 10016 | NONE                                                                                                               | PC                                   | Military Family Clinic              | 3,228,711  |
| THE UP CENTER<br>150 BOUSH STREET STE 500<br>NORFOLK, VA 23510    | NONE                                                                                                               | PC                                   | Military Family Clinic              | 2,011,357  |
| <b>Total . . . . . ▶ 3a</b>                                       |                                                                                                                    |                                      |                                     | 27,485,394 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |            |
| THE UP CENTER<br>150 BOUSH STREET STE 500<br>NORFOLK, VA 23510                                           | NONE                                                                                                      | PC                             | Fundraising assistance           | 62,767     |
| University of Colorado Anschutz Medical Campus<br>13199 E Montview Boulevard<br>Aurora, CO 80045         | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,179,513  |
| University of Colorado Anschutz Medical Campus<br>13199 E Montview Boulevard<br>Aurora, CO 80045         | NONE                                                                                                      | PC                             | Copay secondary payment          | 3,359      |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 27,485,394 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |            |
| University of Pennsylvania<br>3451 Walnut Street P-221 Franklin<br>Philadelphia, PA 19104                | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,525,138  |
| University of Pennsylvania<br>3451 Walnut Street P-221 Franklin<br>Philadelphia, PA 19104                | NONE                                                                                                      | PC                             | Cohen Fellow                     | 78,000     |
| VALLEY CITIES COUNSELING AND<br>CONSULTATION<br>325 West Gowe Street<br>Kent, WA 98032                   | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,454,279  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 27,485,394 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |            |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |            |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |            |
| Veterans Village of San Diego<br>4141 Pacific Highway<br>San Diego, CA 92110                                         | NONE                                                                                                      | PC                             | Military Family Clinic           | 1,576,477  |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 27,485,394 |

**TY 2019 Accounting Fees Schedule****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING FEES | 82,983 |                          |                        | 82,983                                      |



**TY 2019 General Explanation Attachment****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655**General Explanation Attachment**

| Identifier | Return Reference       | Explanation            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------|------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Form 990-PF, Part IX-A | Form 990-PF, Part IX-A | <p>CLINIC GRANTS EACH NEW CLINIC RECEIVES A MASTER GRANT AGREEMENT OUTLINING THE SERVICES TO BE PROVIDED BY CVN, FUNDING AND PAYMENT SCHEDULE FOR AN INITIAL 3 YEAR PERIOD. CLINIC GRANTS PROVIDE IN-DEPTH ASSISTANCE, AS WELL AS FUNDING FOR THE INITIAL BUILD OF THE MILITARY FAMILY CLINIC (MFC). CVN PROVIDES RESOURCES, GUIDANCE AND FUNDING THROUGH THE INITIAL PROCESS, INCLUDING ALLOCATION OF SPACE, RENT AND OPENING EXPENSES. THE FUNDS FOR THE NEXT THREE YEARS WILL BE DEPENDENT ON PROJECTED CLIENT NUMBERS, STAFFING, OPERATIONS, COMMUNICATION AND MARKETING PLANS, AND TRAINING RESOURCES NEEDED FROM CVN BY THE CLINIC. EXPENSES: 27,376,769. CLINIC OPERATIONS AND NETWORK DEVELOPMENT OPERATIONS OVERSEE AND IMPLEMENT BEST PRACTICES FOR THE CLINICS THROUGH PROVIDING COMPREHENSIVE GUIDELINES AND DIRECTIVES. FUNDAMENTAL PRACTICES FOR DAY-TO-DAY OPERATIONS ARE DEVELOPED FOR THE CLINICS TO ENSURE STANDARDIZATION OF DATA COLLECTION AND QUALITY OF CUSTOMER SERVICE. ELECTRONIC HEALTH RECORD (EHR) SYSTEM IS USED BY ALL CLINICS TO CENTRALLY COLLECT KEY METRICS TO DETERMINE IF CLINICS ARE ACHIEVING DESIRED GOALS STIPULATED BY THE FOUNDATION. EXPENSES: 9,644,218. ACCESS TO CARE AND REDUCING STIGMA COMMUNICATIONS AND MARKETING PLANS ENCOMPASS INTERNAL AND EXTERNAL STRATEGIES. INTERNAL COMMUNICATIONS PROVIDE ASSETS, RESOURCES, AND RECOMMENDATIONS TO MFC'S STAFF ENSURING BEST MARKETING PRACTICES ARE FOLLOWED ON ALL COMMUNICATION PLATFORMS AT THE CLINIC LEVEL. EXTERNAL COMMUNICATION STRATEGIES INCLUDE TRADITIONAL ADVERTISING, CREATION OF MARKETING CAMPAIGNS, EARNED AND PAID MEDIA, PRESS EVENTS, COMMUNITY RELATIONS EVENTS, AND GRAND OPENING EVENTS TO PROMOTE COHEN VETERANS NETWORK AS WELL AS THE SEPARATE CLINICS WHICH IT SUPPORTS. EXPENSES: 2,003,981. TRAINING, TELEHEALTH AND SCHOLARS TRAINING FOR THE CLINIC STAFF IS A FUNDAMENTAL PIECE OF THE BUSINESS MODEL TO PROVIDE AND ENSURE A HIGH LEVEL OF QUALITY AND CONSISTENT CARE. CLINIC STAFF IS TRAINED AND ROUTINELY ASSESSED ON EVIDENCE BASED THERAPIES THROUGH PERSONAL OR GROUP SESSIONS AND EXTERNAL CONSULTANTS. TELEHEALTH SYSTEMS ARE AVAILABLE FOR CERTAIN LOCATIONS WHERE CARE DEMAND IS HIGHEST TO PROVIDE STATE-WIDE MENTAL HEALTH CARE. THE COHEN VETERANS NETWORK SCHOLARS PROGRAM PROVIDES SCHOLARSHIPS TO STUDENTS STUDYING MILITARY MENTAL HEALTH CARE AND INCLUDES INTEGRATION INTO A CLINIC SETTING. EXPENSES: 883,029.</p> |

**TY 2019 Legal Fees Schedule****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| LEGAL FEES      | 180,983       |                                  |                                | 175,294                                              |

**TY 2019 Other Expenses Schedule****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655**Other Expenses Schedule**

| Description                  | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| TECH EQUIPMENT & TELECOM     | 852,608                        |                       |                     | 835,921                               |
| INSURANCE                    | 177,178                        |                       |                     | 177,178                               |
| SUBSCRIPTIONS                | 33,190                         |                       |                     | 33,190                                |
| MISCELLANEOUS OFFICE EXPENSE | 32,771                         |                       |                     | 32,771                                |
| LICENSES                     | 23,495                         |                       |                     | 23,495                                |
| OFFICE SUPPLIES              | 16,246                         |                       |                     | 16,246                                |
| POSTAGE                      | 7,203                          |                       |                     | 7,203                                 |
| BANK CHARGES                 | 535                            |                       |                     | 535                                   |

# TY 2019 Other Income Schedule

**Name:** Cohen Veterans Network Inc

**EIN:** 47-3950655

## Other Income Schedule

| Description                        | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|------------------------------------|-----------------------------------|--------------------------|---------------------|
| RETURN OF PRIOR YEAR CONTRIBUTIONS | 29,918                            |                          |                     |

**TY 2019 Other Professional Fees Schedule****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655

| <b>Category</b>               | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| MARKETING/COMMUNICATIONS      | 1,754,785     |                                  |                                | 1,729,518                                            |
| PARTNERSHIP/SERVICE CONTRACTS | 419,091       |                                  |                                | 347,944                                              |
| TRAINING PARTNERSHIPS         | 348,373       |                                  |                                | 352,428                                              |
| CONSULTING FEES               | 204,665       |                                  |                                | 224,767                                              |
| HR AND ADP PAYROLL FEES       | 50,807        |                                  |                                | 27,254                                               |
| RESEARCH AND INNOVATION       | 50,000        |                                  |                                | 2,778                                                |
| TELEHEALTH                    | 4,799         |                                  |                                | 9,656                                                |
| DATA WAREHOUSE                | 4,362         |                                  |                                | 4,362                                                |

**TY 2019 Taxes Schedule****Name:** Cohen Veterans Network Inc**EIN:** 47-3950655

| <b>Category</b>      | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FEDERAL EXCISE TAXES |               |                                  |                                |                                                      |

|                                                                                                              |  |                                                                                                                                                                                     |  |                                              |                                      |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                         |  | As Filed Data -                                                                                                                                                                     |  | DLN: 93491315006100                          |                                      |
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service |  | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |  |                                              | OMB No. 1545-0047<br><br><b>2019</b> |
| Name of the organization<br>Cohen Veterans Network Inc                                                       |  |                                                                                                                                                                                     |  | Employer identification number<br>47-3950655 |                                      |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
Cohen Veterans Network Inc

Employer identification number  
47-3950655

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | STEVEN ALEXANDRA COHEN FOUNDATION<br>46 CUMMINGS POINT ROAD<br><br>GREENWICH, CT 06902 | \$ 14,958,896              | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| 2          | Bank of America NA<br>100 North Tryon Street<br><br>Charlotte, NC 28202                | \$ 100,000                 | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| 3          | Manitou Foundation<br>4801 HWY 61 Suite 310<br><br>White Bear Lake, MN 55110           | \$ 50,000                  | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| .          |                                                                                        | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
| .          |                                                                                        | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |
| .          |                                                                                        | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)            |

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>Cohen Veterans Network Inc | Employer identification number<br>47-3950655 |
|----------------------------------------------------|----------------------------------------------|

| Part II Noncash Property  |                                                                                                                                                   |                                                               |                      |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------|
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given<br><small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small> | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                                                                                                      | (c)<br>FMV (or estimate)<br><small>(See instructions)</small> | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div> <div></div>                                                                                                   | <div></div> \$                                                |                      |

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>Cohen Veterans Network Inc | Employer identification number<br>47-3950655 |
|----------------------------------------------------|----------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b><br>Use duplicate copies of Part III if additional space is needed. |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                    |                                       |                                     |                                            |
|------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------------|
| <b>(a)<br/>No. from<br/>Part I</b> | <b>(b) Purpose of gift</b>            | <b>(c) Use of gift</b>              | <b>(d) Description of how gift is held</b> |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>        |
|                                    | <b>(e) Transfer of gift</b>           |                                     |                                            |
|                                    | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee   |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                            |
|                                    |                                       |                                     |                                            |
| <b>(a)<br/>No. from<br/>Part I</b> | <b>(b) Purpose of gift</b>            | <b>(c) Use of gift</b>              | <b>(d) Description of how gift is held</b> |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>        |
|                                    | <b>(e) Transfer of gift</b>           |                                     |                                            |
|                                    | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee   |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                            |
|                                    |                                       |                                     |                                            |
| <b>(a)<br/>No. from<br/>Part I</b> | <b>(b) Purpose of gift</b>            | <b>(c) Use of gift</b>              | <b>(d) Description of how gift is held</b> |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>        |
|                                    | <b>(e) Transfer of gift</b>           |                                     |                                            |
|                                    | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee   |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                            |
|                                    |                                       |                                     |                                            |
| <b>(a)<br/>No. from<br/>Part I</b> | <b>(b) Purpose of gift</b>            | <b>(c) Use of gift</b>              | <b>(d) Description of how gift is held</b> |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>        |
|                                    | <b>(e) Transfer of gift</b>           |                                     |                                            |
|                                    | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee   |
|                                    | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                            |
|                                    |                                       |                                     |                                            |

**Cohen Veterans Network, Inc.**  
**Form 990PF, Part II, Line 14 - Fixed Asset Detail**

| <b>Vendor</b>                         | <b>Description</b>                               | <b>Clinic</b>      | <b>Lease Commencement Date</b> | <b>Depreciation Total</b> | <b>Accumulated Depreciation</b> | <b>Book Value</b> |
|---------------------------------------|--------------------------------------------------|--------------------|--------------------------------|---------------------------|---------------------------------|-------------------|
| <b><u>LEASE/HOLD IMPROVEMENTS</u></b> |                                                  |                    |                                |                           |                                 |                   |
| Smallwood Nickle Architects           | Architect Fee - Clarksville Clinic               | Clarksville, TN    | 3/22/2018                      | 7,758                     | 14,223                          | 16,809            |
| Manders Decorating                    | Labor and Materials-Silver Spring, MD            | Silver Spring, MD  | 10/12/2017                     | 2,459                     | 4,918                           | 4,918             |
| E2 Optics, LLC                        | Labor and Materials- Silver Spring, MD           | Silver Spring, MD  | 10/12/2017                     | 7,113                     | 15,410                          | 13,040            |
| Manders Decorating                    | Labor and Materials-Silver Spring, MD            | Silver Spring, MD  | 10/12/2017                     | 1,988                     | 4,308                           | 3,645             |
| Smallwood Nickle Architects           | Architect Fee -Denver Clinic                     | Denver, CO         | 6/1/2018                       | 4,474                     | 7,083                           | 10,811            |
| MCS Partners                          | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 50,220                    | 92,070                          | 108,810           |
| Key-Rite Security                     | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                       | 698                       | 1,105                           | 1,687             |
| MCS Partners                          | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 25,360                    | 46,860                          | 55,380            |
| MCS Partners                          | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 19,058                    | 34,939                          | 41,291            |
| Orchard Falls Operating               | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                       | 18,475                    | 29,252                          | 44,648            |
| Smallwood Nickle Architects           | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018                      | 1,275                     | 1,488                           | 3,613             |
| Helix Design Group, Inc.              | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018                      | 1,282                     | 1,495                           | 3,631             |
| Helix Design Group, Inc.              | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018                      | 5,480                     | 6,393                           | 15,526            |
| Herring Technology                    | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 3,167                     | 5,806                           | 6,862             |
| Key-Rite Security                     | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                       | 2,687                     | 4,255                           | 6,495             |
| M3 Technology Group, Inc.             | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 3,996                     | 7,326                           | 8,658             |
| M3 Technology Group, Inc.             | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 6,364                     | 11,668                          | 13,789            |
| M3 Technology Group, Inc.             | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 2,648                     | 4,854                           | 5,737             |
| M3 Technology Group, Inc.             | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 1,801                     | 3,301                           | 3,901             |
| M3 Technology Group, Inc.             | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 512                       | 939                             | 1,110             |
| MCS Partners                          | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 284                       | 520                             | 615               |
| Smallwood Nickle Architects           | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 52,403                    | 96,071                          | 113,539           |
| Smallwood Nickle Architects           | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 790                       | 1,448                           | 1,712             |
| Smallwood Nickle Architects           | Norfolk, VA Clinic Improvements                  | Virginia Beach, VA | 12/15/2018                     | 1,479                     | 1,602                           | 4,314             |
| Smallwood Nickle Architects           | Lakewood, WA Clinic Improvements                 | Lakewood, WA       | 11/1/2018                      | 2,095                     | 2,444                           | 5,936             |
| Smallwood Nickle Architects           | Orlando, FL Clinic Improvements                  | Orlando, FL        | n/a                            | 3,660                     | 3,660                           | -                 |
| Johnson Controls                      | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | (3,660)                   | (3,660)                         | -                 |
| Johnson Controls                      | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 2,057                     | 3,771                           | 4,456             |
| Convington Hendrix Anderson           | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 4,175                     | 7,654                           | 9,045             |
| Convington Hendrix Anderson           | Architect Fee -Norfolk V/A Clinic                | Virginia Beach, VA | 12/15/2018                     | 600                       | 650                             | 1,750             |
| Helix Design Group, Inc.              | Architect Fee -Lakewood Clinic                   | Virginia Beach, VA | 12/15/2018                     | 500                       | 542                             | 1,458             |
| Herring Technology                    | Clarksville TN Clinic Improvements               | Lakewood, WA       | 11/1/2018                      | 2,028                     | 2,366                           | 5,747             |
| Manders Decorating                    | Labor and Materials-Silver Spring, MD            | Clarksville, TN    | 3/22/2018                      | 2,534                     | 4,645                           | 5,489             |
| Johnson Controls                      | Clarksville TN Clinic Improvements               | Silver Spring, MD  | 10/12/2017                     | 364                       | 606                             | 849               |
| Johnson Controls                      | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 1,262                     | 2,314                           | 2,734             |
| Johnson Controls                      | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018                      | 678                       | 1,242                           | 1,468             |
| City of Lakewood                      | Permit Fees-Lakewood                             | Lakewood, WA       | 11/1/2018                      | 2,652                     | 3,095                           | 7,515             |
| KLM                                   | Denver- Leasehold Improvements                   | Denver, CO         | 6/1/2018                       | 253                       | 400                             | 610               |
| KLM                                   | Denver- Leasehold Improvements                   | Denver, CO         | 6/1/2018                       | 144                       | 228                             | 348               |
| Orchard Falls Operating               | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                       | 26,818                    | 42,462                          | 64,810            |
| Convington Hendrix Anderson           | Architectural Construction Documents- Norfolk VA | Virginia Beach, VA | 12/15/2018                     | 325                       | 352                             | 948               |
| Front Range Sign Company              | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                       | 2,861                     | 4,530                           | 6,914             |
| Hale I. Takazawa                      | Retainer Deposit for CVN -Mililani               | Honolulu, HI       | 9/19/2019                      | 305                       | 305                             | 3,360             |

| Vendor                      | Description                                      | Clinic             | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value |
|-----------------------------|--------------------------------------------------|--------------------|-------------------------|--------------------|--------------------------|------------|
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 2,028              | 2,366                    | 5,747      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 68                 | 79                       | 191        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 206                | 241                      | 584        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 1,352              | 1,578                    | 3,831      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 688                | 802                      | 1,948      |
| Herring Technology          | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018               | 1,196              | 2,192                    | 2,591      |
| M3 Technology Group, Inc.   | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018               | 7,395              | 13,557                   | 16,021     |
| MCS Partners                | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018               | 56,182             | 103,001                  | 121,728    |
| Signs of Success            | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018               | 1,695              | 3,107                    | 3,671      |
| Signs of Success            | Denver Clinic Improvements                       | Denver, CO         | 6/1/2018                | 2,432              | 3,851                    | 5,878      |
| Convington Hendrix Anderson | Norfolk, VA - Architect Fee                      | Virginia Beach, VA | 12/15/2018              | 488                | 528                      | 1,422      |
| Hale I. Takazawa            | CVN Millilani, HI - Leasehold Improvements       | Honolulu, HI       | 9/19/2019               | 133                | 133                      | 1,463      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 1,352              | 1,578                    | 3,831      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 514                | 600                      | 1,457      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 81                 | 95                       | 230        |
| Smallwood Nickle Architects | San Diego, CA Test Fit & Coordination            | San Diego, CA      | 6/12/2019               | 1,162              | 1,162                    | 6,808      |
| Smallwood Nickle Architects | Honolulu, HI Test Fit Option                     | Honolulu, HI       | 9/19/2019               | 257                | 257                      | 2,823      |
| Smallwood Nickle Architects | Tampa, FL - Clinic Improments                    | Tampa, FL          | 6/1/2019                | 169                | 169                      | 991        |
| Smallwood Nickle Architects | Virginia Beach Clinic Improvements               | Virginia Beach, VA | 12/15/2018              | 77                 | 77                       | 231        |
| Hale I. Takazawa            | CVN Honolulu -Clinic Improvements                | Honolulu, HI       | 9/19/2019               | 1,274              | 1,274                    | 14,015     |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 203                | 236                      | 574        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 78                 | 90                       | 220        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 1,685              | 1,966                    | 4,775      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 308                | 359                      | 871        |
| Johnson Controls            | Clarksville TN Clinic Improvements               | Clarksville, TN    | 3/22/2018               | 662                | 1,215                    | 1,435      |
| Superior Builders, Inc      | Lakewood, WA Clinic Improvements                 | Lakewood, WA       | 11/1/2018               | 111,846            | 130,487                  | 316,897    |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 1,396              | 1,629                    | 3,956      |
| Hale I. Takazawa            | Leasehold Improvements - Millilani               | Honolulu, HI       | 9/19/2019               | 630                | 630                      | 6,935      |
| Smallwood Nickle Architects | Architect Fees/Permit Fees San Diego             | San Diego, CA      | 6/12/2019               | 116                | 116                      | 682        |
| HITT Contracting, Inc.      | Leasehold Improvements- Virginia Beach           | Virginia Beach, VA | 12/15/2018              | 73,072             | 79,161                   | 213,126    |
| Align Communications        | Leasehold Improvements- Silver Spring , MD       | Silver Spring , MD | 10/12/2017              | 575                | 1,294                    | 1,006      |
| Superior Builders, Inc      | Lakewood, WA Clinic Improvements                 | Lakewood, WA       | 11/1/2018               | 68,746             | 80,204                   | 194,781    |
| Smallwood Nickle Architects | Tampa, FL - Architectural Fees                   | Tampa, FL          | 6/1/2019                | 503                | 503                      | 2,947      |
| Hale I. Takazawa            | Hawaii- Architectural Fees                       | Honolulu, HI       | 9/19/2019               | 2,134              | 2,134                    | 23,479     |
| Align Communications        | Leasehold Improvements-Lakewood, WA              | Lakewood, WA       | 11/1/2018               | 875                | 1,021                    | 2,479      |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 1,478              | 1,725                    | 4,188      |
| Convington Hendrix Anderson | Architectural Construction Documents- Norfolk VA | Virginia Beach, VA | 12/15/2018              | 4,350              | 4,713                    | 12,688     |
| Convington Hendrix Anderson | Architectural Construction Documents- Norfolk VA | Virginia Beach, VA | 12/15/2018              | 731                | 792                      | 2,133      |
| Convington Hendrix Anderson | Architectural Construction Documents- Norfolk VA | Virginia Beach, VA | 12/15/2018              | 427                | 462                      | 1,244      |
| Convington Hendrix Anderson | Architect Fee -Norfolk VA Clinic                 | Virginia Beach, VA | 12/15/2018              | 81                 | 88                       | 237        |
| Convington Hendrix Anderson | Architect Fee -Norfolk VA Clinic                 | Virginia Beach, VA | 12/15/2018              | 167                | 181                      | 488        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 7                  | 9                        | 21         |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 24                 | 28                       | 67         |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 145                | 169                      | 411        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 13                 | 15                       | 37         |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 4                  | 5                        | 12         |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 101                | 118                      | 287        |
| Helix Design Group, Inc.    | Architect Fee - Lakewood Clinic                  | Lakewood, WA       | 11/1/2018               | 4                  | 4                        | 11         |

| Vendor                        | Description                                                      | Clinic             | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value |
|-------------------------------|------------------------------------------------------------------|--------------------|-------------------------|--------------------|--------------------------|------------|
| Helix Design Group, Inc.      | Architect Fee - Lakewood Clinic                                  | Lakewood, WA       | 11/1/2018               | 1                  | 1                        | 2          |
| Helix Design Group, Inc.      | Architect Fee - Lakewood Clinic                                  | Lakewood, WA       | 11/1/2018               | 67                 | 78                       | 189        |
| Helix Design Group, Inc.      | Architect Fee - Lakewood Clinic                                  | Lakewood, WA       | 11/1/2018               | 7                  | 8                        | 19         |
| Helix Design Group, Inc.      | Architect Fee - Lakewood Clinic                                  | Lakewood, WA       | 11/1/2018               | 45                 | 53                       | 129        |
| Align Communications          | Leasehold Improvements-Lakewood Clinic                           | Lakewood, WA       | 11/1/2018               | 813                | 949                      | 2,304      |
| Align Communications          | AV Design-Honolulu, HI                                           | Honolulu, HI       | 9/19/2019               | 56                 | 56                       | 619        |
| Align Communications          | AV Design-Virginia Beach                                         | Virginia Beach, VA | 12/15/2018              | 481                | 521                      | 1,404      |
| Delawie                       | Architect Fees/Permit Fees San Diego                             | San Diego, CA      | 6/12/2019               | 2,260              | 2,260                    | 13,240     |
| Hale I. Takazawa              | Architect Fees/Hawaii                                            | Honolulu, HI       | 9/19/2019               | 669                | 669                      | 7,355      |
| Helix Design Group, Inc.      | TI Expenses-Lakewood Clinic                                      | Lakewood, WA       | 11/1/2018               | 13                 | 15                       | 37         |
| Helix Design Group, Inc.      | Project Management Fees- Lakewood Clinic                         | Lakewood, WA       | 11/1/2018               | 459                | 535                      | 1,300      |
| Superior Builders, Inc        | Reainage Fees for Lakewood Clinic                                | Lakewood, WA       | 11/1/2018               | 30,519             | 35,605                   | 86,469     |
| Superior Builders, Inc        | Architec Fees/Lakewood Clinic                                    | Lakewood, WA       | 11/1/2018               | 5,721              | 6,675                    | 16,210     |
| Convington Hendrix Anderson   | Architectural Construction Documents- Norfolk VA                 | Virginia Beach, VA | 12/15/2018              | 597                | 647                      | 1,741      |
| Hale I. Takazawa              | Architec Fees/Hawaii                                             | Honolulu, HI       | 9/19/2019               | 400                | 400                      | 4,403      |
| HITT Contracting, Inc.        | Leasehold Improvements- Virginia Beach                           | Virginia Beach, VA | 12/15/2018              | 32,573             | 35,287                   | 95,003     |
| Superior Builders, Inc        | Architect Fee - Lakewood Clinic                                  | Lakewood, WA       | 11/1/2018               | 88,353             | 103,079                  | 250,335    |
| HITT Contracting, Inc.        | Virginia Beach- Construction                                     | Virginia Beach, VA | 12/15/2018              | 43,720             | 47,363                   | 127,516    |
| Delawie                       | Architect Fees/Permit Fees San Diego                             | San Diego, CA      | 6/12/2019               | 3,837              | 3,837                    | 22,472     |
| Align Communications          | Leasehold Improvements-Tampa, FL                                 | Tampa, FL          | 6/1/2019                | 204                | 204                      | 1,196      |
| Align Communications          | Leasehold Improvements- Virginia Beach                           | Virginia Beach, VA | 12/15/2018              | 88                 | 95                       | 255        |
| Align Communications          | Leasehold Improvements- San Diego                                | San Diego, CA      | 6/12/2019               | 80                 | 80                       | 470        |
| Convington Hendrix Anderson   | Architectural Construction Documents- Norfolk VA                 | Virginia Beach, VA | 12/15/2018              | 110                | 119                      | 320        |
| RS&H, Inc.                    | Project Management & Design- Tampa, FL                           | Tampa, FL          | 6/1/2019                | 866                | 866                      | 5,075      |
| Helix Design Group, Inc.      | Project Management & Design- Lakewood, WA                        | Lakewood, WA       | 11/1/2018               | 179                | 194                      | 521        |
| 18th St Atrium, Orchard Falls | Lease Improvements paid directly by Landlord per lease agreement | Denver, CO         | 6/1/2018                | 65,381             | 124,819                  | 160,481    |
| M3 Technology Group, Inc.     | Clarksville TN Clinic Improvements                               | Clarksville, TN    | 3/22/2018               | 122                | 122                      | 275        |
| Tomar Computer Integration    | Leasehold Improvement -Virginia Beach                            | Virginia Beach, VA | 12/15/2018              | 1,394              | 1,394                    | 4,181      |
| HITT Contracting, Inc.        | Virginia Beach- Construction                                     | Virginia Beach, VA | 12/15/2018              | 87,453             | 87,453                   | 262,361    |
| Smallwood Nickle Architects   | Architectural Services- Jacksonville, L                          | Jacksonville, FL   | 12/1/2019               | 47                 | 47                       | 2,219      |
| Align Communications          | Leasehold Improvements- Lakewood, WA                             | Lakewood, WA       | 11/1/2018               | 438                | 438                      | 1,312      |
| Hale I. Takazawa              | Architec Fees/Hawaii                                             | Honolulu, HI       | 9/19/2019               | 474                | 474                      | 5,213      |
| Tampa IBP,LLC                 | Tampa-Leasehold Improvements                                     | Tampa, FL          | 6/1/2019                | 44,588             | 44,588                   | 261,157    |
| Tampa IBP,LLC                 | Tampa-Leasehold Improvements                                     | Tampa, FL          | 6/1/2019                | 44,588             | 44,588                   | 261,157    |
| HITT Contracting, Inc.        | Leasehold Improvements- Virginia Beach                           | Virginia Beach, VA | 12/15/2018              | 61,037             | 61,037                   | 205,308    |
| Covington Hendrix Anderson    | Virginia Beach Construction Administration Exp                   | Virginia Beach, VA | 12/15/2018              | 56                 | 56                       | 188        |
| Covington Hendrix Anderson    | Virginia Beach Construction Administration Exp                   | Virginia Beach, VA | 12/15/2018              | 142                | 142                      | 477        |
| Align Communications          | AV Design & Coordination- San Diego                              | San Diego, CA      | 6/12/2019               | 195                | 195                      | 1,142      |
| Align Communications          | AV Design & Coordination- Honolulu                               | Honolulu, HI       | 9/19/2019               | 60                 | 60                       | 665        |
| Align Communications          | AV Design & Coordination- Virginia Beach                         | Virginia Beach, VA | 12/15/2018              | 182                | 182                      | 693        |
| Align Communications          | AV Design & Coordination-Tampa                                   | Tampa, FL          | 6/1/2019                | 102                | 102                      | 598        |
| Align Communications          | AV Design & Coordination- San Diego                              | San Diego, CA      | 6/12/2019               | 226                | 226                      | 1,326      |
| Tomar Computer Integration    | Leasehold Improvement -Virginia Beach                            | Virginia Beach, VA | 12/15/2018              | 1,421              | 1,421                    | 5,400      |
| Delawie                       | Architect Fees/Permit Fees San Diego                             | San Diego, CA      | 6/12/2019               | 2,750              | 2,750                    | 16,109     |
| Delawie                       | Leasehold Improvements-San Diego                                 | San Diego, CA      | 6/12/2019               | 903                | 903                      | 5,288      |
| Thomas Duke Architect         | Retainer Fee- Jacksonville, FL                                   | Jacksonville, FL   | 12/1/2019               | 104                | 104                      | 4,896      |
| Hale I. Takazawa              | Architec Fees/Hawaii                                             | Honolulu, HI       | 9/19/2019               | 343                | 343                      | 3,770      |

| Vendor                      | Description                              | Clinic             | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value |
|-----------------------------|------------------------------------------|--------------------|-------------------------|--------------------|--------------------------|------------|
| Covington Hendrix Anderson  | Leasehold Improvements- Virginia Beach   | Virginia Beach, VA | 12/15/2018              | 163                | 163                      | 618        |
| Smallwood Nickle Architects | Architectural Services- Jacksonville, L  | Jacksonville, FL   | 12/1/2019               | 63                 | 63                       | 2,967      |
| Superior Builders, Inc      | Lakewood, WA Clinic Improvements         | Lakewood, WA       | 11/1/2018               | 4,006              | 4,006                    | 15,222     |
| Superior Builders, Inc      | Lakewood, WA Clinic Improvements         | Lakewood, WA       | 11/1/2018               | 955                | 955                      | 3,628      |
| ADT Security Services       | Door Expansion -Virginia Beach           | Virginia Beach, VA | 12/15/2018              | 556                | 556                      | 2,111      |
| Align Communications        | AV Design & Coordination- Honolulu       | Honolulu, HI       | 9/19/2019               | 44                 | 44                       | 481        |
| Align Communications        | AV Design & Coordination- San Diego      | San Diego, CA      | 6/12/2019               | 153                | 153                      | 897        |
| Align Communications        | AV Design & Coordination- Virginia Beach | Virginia Beach, VA | 12/15/2018              | 98                 | 98                       | 427        |
| Align Communications        | AV Design & Coordination- Tampa          | Tampa, FL          | 6/1/2019                | 51                 | 51                       | 299        |
| Delawie                     | Architect Fees/Permit Fees San Diego     | San Diego, CA      | 6/12/2019               | 2,599              | 2,599                    | 15,225     |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii        | Honolulu, HI       | 9/19/2019               | 543                | 543                      | 5,974      |
| HITT Contracting, Inc.      | Leasehold Improvements- Virginia Beach   | Virginia Beach, VA | 12/15/2018              | 14,751             | 14,751                   | 63,920     |
| Rio Vista Office            | AV Design & Coordination- San Diego      | San Diego, CA      | 6/12/2019               | 96,058             | 96,058                   | 562,625    |
| Rio Vista Office            | AV Design & Coordination- San Diego      | San Diego, CA      | 6/12/2019               | 9,880              | 9,880                    | 57,869     |
| Align Communications        | AV Design & Cordination- Hawaii          | Honolulu, HI       | 9/19/2019               | 88                 | 88                       | 962        |
| Hale I. Takazawa            | Architect Fees/Hawaii                    | Honolulu, HI       | 9/19/2019               | 948                | 948                      | 10,424     |
| Hale I. Takazawa            | Architect Fees/Hawaii                    | Honolulu, HI       | 9/19/2019               | 267                | 267                      | 2,933      |
| Delawie                     | Architect/Permit Fees- San Diego         | San Diego, CA      | 6/12/2019               | 699                | 699                      | 4,092      |
| Align Communications        | AV Design & Coordination- Honolulu       | Honolulu, HI       | 9/19/2019               | 77                 | 77                       | 848        |
| Align Communications        | AV Design & Coordination- San Diego      | San Diego, CA      | 6/12/2019               | 77                 | 77                       | 448        |
| Align Communications        | AV Design & Coordination- Tampa          | Tampa, FL          | 6/1/2019                | 26                 | 26                       | 149        |
| Align Communications        | AV Design & Coordination- Tampa          | Tampa, FL          | 6/1/2019                | 142                | 142                      | 833        |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii, HI    | Honolulu, HI       | 9/19/2019               | 1,660              | 1,660                    | 18,255     |
| Layton Construction Co, Inc | Lease Improvements - Hawaii              | Honolulu, HI       | 9/19/2019               | 19,136             | 19,136                   | 210,492    |
| Rio Vista Office            | San Diegom,CA Excess over TI Allowance   | San Diego, CA      | 6/12/2019               | 23,198             | 23,198                   | 135,873    |
| Smallwood Nickle Architects | Architectural Services- Jacksonville, L  | Jacksonville, FL   | 12/1/2019               | 94                 | 94                       | 4,406      |
| Tampa IBP,LLC               | Leasehold Improvements- Tampa, FL        | Tampa, FL          | 6/1/2019                | 208                | 208                      | 1,220      |
| Tetra Tech, Inc             | Survey Hawaii Clinic                     | Honolulu, HI       | 9/19/2019               | 323                | 323                      | 3,554      |
| Tetra Tech, Inc             | Soil Samples- Hawaii Clinic              | Honolulu, HI       | 9/19/2019               | 493                | 493                      | 5,425      |
| Tetra Tech, Inc             | Hazmats Survey- Hawaii Clinic            | Honolulu, HI       | 9/19/2019               | 94                 | 94                       | 1,029      |
| Tetra Tech, Inc             | Soil Samples- Hawaii Clinic              | Honolulu, HI       | 9/19/2019               | 110                | 110                      | 1,210      |
| Tampa IBP,LLC               | Tampa-Leasehold Improvements             | Tampa, FL          | 6/1/2019                | 48,189             | 48,189                   | 282,252    |
| Align Communications        | AV Design-Hawaii Clinic                  | Honolulu, HI       | 9/19/2019               | 67                 | 67                       | 733        |
| Align Communications        | AV Design-Hawaii Clinic                  | Honolulu, HI       | 9/19/2019               | 156                | 156                      | 1,719      |
| Delawie                     | Architect Fees/Permit Fees San Diego     | San Diego, CA      | 6/12/2019               | 614                | 614                      | 4,297      |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii Clinic | Honolulu, HI       | 9/19/2019               | 1,648              | 1,648                    | 18,133     |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii Clinic | Honolulu, HI       | 9/19/2019               | 311                | 311                      | 3,416      |
| Layton Construction Co, Inc | Lease Improvements - Hawaii              | Honolulu, HI       | 9/19/2019               | 29,449             | 29,449                   | 323,941    |
| Thomas Duke Architect       | Architect Fees/ Jacksonville, FL         | Jacksonville, FL   | 12/1/2019               | 124                | 124                      | 5,836      |
| Thomas Duke Architect       | Architect Fees/ Jacksonville, FL         | Jacksonville, FL   | 12/1/2019               | 337                | 337                      | 15,848     |
| Rio Vista Office            | Leasehold Improvements- San Diego        | San Diego, CA      | 6/12/2019               | 7,277              | 7,277                    | 50,937     |
| Align Communications        | AV Design- Jacksonville, FL              | Jacksonville, FL   | 12/1/2019               | 20                 | 20                       | 930        |
| Align Communications        | AV Design- Hawaii Clinic                 | Honolulu, HI       | 9/19/2019               | 131                | 131                      | 1,444      |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii Clinic | Honolulu, HI       | 9/19/2019               | 644                | 644                      | 7,083      |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii Clinic | Honolulu, HI       | 9/19/2019               | 305                | 305                      | 3,360      |
| Hale I. Takazawa            | Architect Fees/Permit Fees Hawaii Clinic | Honolulu, HI       | 9/19/2019               | 175                | 175                      | 1,920      |
| Layton Construction Co, Inc | Lease Improvements - Hawaii              | Honolulu, HI       | 9/19/2019               | 54,862             | 54,862                   | 603,476    |

| Vendor                                         | Description                                           | Clinic            | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value       |
|------------------------------------------------|-------------------------------------------------------|-------------------|-------------------------|--------------------|--------------------------|------------------|
| M3 Technology Group, Inc.                      | Clarksville TN Clinic Improvements                    | Clarksville, TN   | 3/22/2018               | 98                 | 98                       | 665              |
| Tampa IBP, LLC                                 | Tampa-Leasehold Improvements                          | Tampa, FL         | 6/1/2019                | 35,569             | 35,569                   | 208,331          |
| The City Treasurer                             | Architect Fees/Permit Fees San Diego                  | San Diego, CA     | 6/12/2019               | 18                 | 18                       | 195              |
| Layton Construction Co, Inc                    | Lease Improvements- Hawaii                            | Honolulu, HI      | 9/19/2019               | 29,378             | 29,378                   | 323,159          |
| AI Collaborative, Inc                          | Site Development- Tampa                               | Tampa, FL         | 6/1/2019                | 131                | 131                      | 769              |
| Align Communications                           | AV Design- Jacksonville, FL                           | Jacksonville, FL  | 12/1/2019               | 46                 | 46                       | 2,154            |
| Align Communications                           | AV Design- Hawaii Clinic                              | Honolulu, HI      | 9/19/2019               | 88                 | 88                       | 962              |
| Smallwood Nickle Architects                    | Architects Fees- Anchorage                            | Anchorage, AK     | 11/1/2019               | 60                 | 60                       | 1,380            |
| Rhea A. Mader                                  | Interior Design- Jacksonville, FL                     | Jacksonville, FL  | 12/1/2019               | 28                 | 28                       | 1,322            |
| Hale I. Takazawa                               | Architectural Services- Hawaii Clinic                 | Honolulu, HI      | 9/19/2019               | 318                | 318                      | 3,502            |
| Thomas Duke Architect                          | Architectural Services- Jacksonville, L               | Jacksonville, FL  | 12/1/2019               | 100                | 100                      | 4,704            |
| Bettsworth North                               | Architectural Services- Anchorage Alaska              | Anchorage, AK     | 11/1/2019               | 101                | 101                      | 2,319            |
| Hale I. Takazawa                               | Architectural Services- Hawaii Clinic                 | Honolulu, HI      | 9/19/2019               | 276                | 276                      | 4,140            |
| Hale I. Takazawa                               | Architectural Services- Hawaii Clinic                 | Honolulu, HI      | 9/19/2019               | 200                | 200                      | 3,007            |
| Layton Construction Co, Inc                    | Lease Improvements - Hawaii                           | Honolulu, HI      | 9/19/2019               | 12,500             | 12,500                   | 187,500          |
| Thomas Duke Architect                          | Architectural Services- Jacksonville, FL              | Jacksonville, FL  | 12/1/2019               | 13                 | 13                       | 588              |
| Align Communications                           | AV Design- Hawaii Clinic                              | Honolulu, HI      | 9/19/2019               | 11                 | 11                       | 164              |
| Align Communications                           | AV Design- Jacksonville, FL                           | Jacksonville, FL  | 12/1/2019               | 42                 | 42                       | 1,958            |
| ModuComm Construction                          | Leasehold Improvements- Jacksonville, FL              | Jacksonville, FL  | 12/1/2019               | 1,401              | 1,401                    | 65,826           |
| Align Communications                           | AV Design- Alaska Clinic                              | Anchorage, AK     | 11/1/2019               | 91                 | 91                       | 2,084            |
| Hale I. Takazawa                               | Architectural Services- Hawaii Clinic                 | Honolulu, HI      | 9/19/2019               | 305                | 305                      | 4,579            |
| Black Diamond Construction                     | Punchlist Items- San Diego Clinic                     | San Diego, CA     | 6/12/2019               | 350                | 350                      | 5,249            |
| Thomas Duke Architect                          | Architect Fees/ Jacksonville, FL                      | Jacksonville, FL  | 12/1/2019               | 22                 | 22                       | 1,028            |
| Bettsworth North                               | Architectural Services- Anchorage Alaska              | Anchorage, AK     | 11/1/2019               | 894                | 894                      | 20,573           |
| CNT Home Repairs                               | Door- Hawaii                                          | Honolulu, HI      | 9/19/2019               | 69                 | 69                       | 1,580            |
| Align Communications                           | AV Design - Jacksonville, FL                          | Jacksonville, FL  | 12/1/2019               | 11                 | 11                       | 514              |
| Align Communications                           | AV Design - Alaska Clinic                             | Anchorage, AK     | 11/1/2019               | 58                 | 58                       | 1,342            |
| Hale I. Takazawa                               | Architectural Fees - Hawaii                           | Honolulu, HI      | 9/19/2019               | 25                 | 25                       | 572              |
| Tetra Tech, Inc                                | Hazmats Survey- Hawaii Clinic                         | Honolulu, HI      | 9/19/2019               | 56                 | 56                       | 619              |
| Tetra Tech, Inc                                | Soil Survey- Hawaii Clinic                            | Honolulu, HI      | 9/19/2019               | 459                | 459                      | 5,044            |
| DW Construction Services, LLC                  | Labor and Material to Install Reception Door - Denver | Denver, CO        | 6/1/2018                | 43                 | 43                       | 2,037            |
| Moducomm Construction                          | Leasehold Improvement - Jacksonville                  | Jacksonville, FL  | 12/1/2019               | 5,382              | 5,382                    | 252,936          |
| Moducomm Construction                          | Leasehold Improvement Inv#3 - Jacksonville            | Jacksonville, FL  | 12/1/2019               | 2,622              | 2,622                    | 123,236          |
| Bettsworth North                               | Anchorage Suite visits                                | Anchorage, AK     | 11/1/2019               | 28                 | 28                       | 633              |
| Bowman Connectivity                            | Low Voltage Cabling - Hawaii Clinic                   | Honolulu, HI      | 9/19/2019               | 555                | 555                      | 26,069           |
| Bauer Construction Inc.                        | Leasehold Improvements - Anchorage                    | Anchorage, AK     | 11/1/2019               | 3,646              | 3,646                    | 171,363          |
| Bettsworth North                               | Architect Fees - Anchorage                            | Anchorage, AK     | 11/1/2019               | 52                 | 52                       | 2,432            |
| Hale I. Takazawa                               | Architect Final Inv - Hawaii Clinic                   | Honolulu, HI      | 9/19/2019               | 36                 | 36                       | 1,688            |
| <b>FURNITURE &amp; FIXTURES</b>                |                                                       |                   |                         | <b>1,561,797</b>   | <b>1,948,923</b>         | <b>7,344,185</b> |
| Subtotal                                       |                                                       |                   |                         |                    |                          |                  |
| Security Sytems - Silver Spring Central office |                                                       | Silver Spring, MD | 10/12/2017              | 742                | 1,731                    | 494              |
| Security Sytems - Silver Spring Central office |                                                       | Silver Spring, MD | 10/12/2017              | 742                | 1,669                    | 556              |
| Furnish & Installation - Silver Spring, MD     |                                                       | Silver Spring, MD | 10/12/2017              | 2,854              | 5,945                    | 2,614            |
| Furnish & Installation - Pierce County         |                                                       | Lakewood, WA      | 11/1/2018               | 64,912             | 129,823                  | 64,912           |
| Furnish & Installation - Denver Clinic         |                                                       | Denver, CO        | 6/1/2018                | 31,637             | 63,274                   | 31,636           |
| Furnish & Installation - Silver Spring, MD     |                                                       | Silver Spring, MD | 10/12/2017              | 14,851             | 30,940                   | 13,614           |
| Furnish & Installation - Clarksville TN        |                                                       | Clarksville, TN   | 3/22/2018               | 33,266             | 63,761                   | 36,038           |

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|-------------------------|---------------------------------------------------------|--------------------|-------------------------|--------------------|--------------------------|------------|
| Cenwood Appliance       | Furnish & Installation - Clarksville TN                 | Clarksville, TN    | 3/22/2018               | 4,945              | 9,478                    | 5,359      |
| LJ Duffy, Inc           | Furnish & Installation - Clarksville TN                 | Clarksville, TN    | 3/22/2018               | 33,266             | 60,988                   | 38,811     |
| LJ Duffy, Inc           | Furnish & Installation - Denver Clinic                  | Denver, CO         | 6/1/2018                | 1,568              | 2,875                    | 1,830      |
| Xcite Audiovisuals, LLC | Furnish & Installation - Greenwood Village-CO           | Denver, CO         | 6/1/2018                | 21,728             | 39,835                   | 25,350     |
| LJ Duffy, Inc           | Furnish & Installation - Greenwood Village-CO           | Denver, CO         | 6/1/2018                | 27,047             | 47,332                   | 33,808     |
| LJ Duffy, Inc           | Furnish & Installation - Silver Spring, MD              | Silver Spring, MD  | 10/12/2017              | 2,852              | 4,754                    | 3,804      |
| Xcite Audiovisuals, LLC | Furnish & Installation - Greenwood Village-CO           | Denver, CO         | 6/1/2018                | 2,096              | 3,494                    | 2,796      |
| LJ Duffy, Inc           | Furnish & Installation - Clarksville TN                 | Clarksville, TN    | 3/22/2018               | 320                | 454                      | 507        |
| ADT Security Services   | Furnish & Installation - Greenwood Village-CO           | Denver, CO         | 6/1/2018                | 1,334              | 1,779                    | 2,224      |
| Big Visual Group        | Furnish & Installation - Denver Clinic                  | Denver, CO         | 6/1/2018                | 750                | 1,438                    | 811        |
| Big Visual Group        | Furnish & Installation - Clarksville TN                 | Clarksville, TN    | 3/22/2018               | 919                | 1,762                    | 997        |
| Big Visual Group        | Furnish & Installation - Silver Spring, MD              | Silver Spring, MD  | 10/12/2017              | 469                | 899                      | 510        |
| LJ Duffy, Inc           | Furnish & Installation - Silver Spring, MD              | Silver Spring, MD  | 10/12/2017              | 416                | 521                      | 730        |
| Sign of Success         | Furnish & Installation - Lakewood, WA                   | Lakewood, WA       | 11/1/2018               | 2,699              | 3,374                    | 4,725      |
| Sign of Success         | Furnish & Installation - Lakewood, WA                   | Lakewood, WA       | 11/1/2018               | 2,771              | 3,464                    | 4,848      |
| ADT Security Services   | Furnish & Installation -Clarksville, TN                 | Clarksville, TN    | 3/22/2018               | 1,679              | 2,099                    | 2,938      |
| LJ Duffy, Inc           | Furnish & Installation -Virginia Beach, VA DEPOSIT ONLY | Virginia Beach, VA | 12/15/2018              | 35,141             | 38,069                   | 67,353     |
| ADT Security Services   | Furnish & Installation -Clarksville, TN                 | Clarksville, TN    | 3/22/2018               | 35,141             | 38,069                   | 67,353     |
| ADT Security Services   | Furnish & Installation -Clarksville, TN                 | Clarksville, TN    | 3/22/2018               | 1,087              | 1,268                    | 1,995      |
| Crescent Digital, LLC   | Travel Cost for AV Installation-Lakewood, WA            | Lakewood, WA       | 11/1/2018               | 427                | 498                      | 783        |
| Signs of Success        | Furnish & Installation - Virginia Beach, VA             | Lakewood, WA       | 11/1/2018               | 27,185             | 31,716                   | 49,839     |
| Signs of Success        | Virginia Beach-Signage                                  | Lakewood, WA       | 11/1/2018               | 1,421              | 1,539                    | 2,723      |
| Crescent Digital, LLC   | Virginia Beach-Equipment & Installation                 | Lakewood, WA       | 11/1/2018               | 1,987              | 2,153                    | 3,810      |
| Crescent Digital, LLC   | Virginia Beach-Equipment & Installation                 | Lakewood, WA       | 11/1/2018               | 965                | 1,045                    | 1,850      |
| Signs of Success        | Furnish & Installation- Lakewood, WA                    | Lakewood, WA       | 11/1/2018               | 3,545              | 3,840                    | 6,795      |
| Signs of Success        | Travel Cost for AV Installation-Lakewood, WA            | Lakewood, WA       | 11/1/2018               | 874                | 946                      | 1,676      |
| Far West Technologies   | Furnish & Installation - Virginia Beach, VA             | Virginia Beach, VA | 12/15/2018              | 2,982              | 2,982                    | 5,966      |
| Far West Technologies   | Sound Masking System-Lakewood, WA                       | Virginia Beach, VA | 2/1/2019                | 3,823              | 3,823                    | 8,689      |
| Signs of Success        | Furniture & Fixture- Denver                             | Virginia Beach, VA | 2/1/2019                | 16,896             | 16,896                   | 38,401     |
| Crescent Digital, LLC   | Travel Cost for AV Installation-Virginia Beach          | Virginia Beach, VA | 2/1/2019                | 1,644              | 1,644                    | 4,273      |
| Signs of Success        | Sound Masking System-Lakewood, WA                       | Lakewood, WA       | 11/1/2018               | 349                | 349                      | 907        |
| Signs of Success        | Sound Masking System-Lakewood, WA                       | Virginia Beach, VA | 2/1/2019                | 2,509              | 2,509                    | 6,524      |
| Crescent Digital, LLC   | Furniture & Installation- Lakewood, WA                  | Lakewood, WA       | 11/1/2018               | 1,559              | 1,559                    | 4,054      |
| Signs of Success        | Furnish & Installation- Lakewood, WA                    | Lakewood, WA       | 11/1/2018               | 1,559              | 1,559                    | 4,054      |
| Signs of Success        | Furnish & Installation- Virginia Beach                  | Denver, CO         | 6/1/2018                | 1,354              | 1,354                    | 3,521      |
| ADT Security Services   | Travel Cost for AV Installation-Tampa, FL               | Virginia Beach, VA | 2/1/2019                | 344                | 344                      | 893        |
| Crescent Digital, LLC   | Installation of Tampa Plants                            | Lakewood, WA       | 11/1/2018               | 2,309              | 2,309                    | 6,003      |
| LJ Duffy, Inc           | AV Equipment for San Diego Clinic                       | Lakewood, WA       | 11/1/2018               | 2,273              | 2,273                    | 5,910      |
| ADT Security Services   | Furniture & Fixture- San Diego Clinci                   | Virginia Beach, VA | 12/15/2018              | 1,900              | 1,900                    | 5,699      |
| Crescent Digital, LLC   | Shipping of AV equipment - Hawaii Clinic                | Virginia Beach, VA | 12/15/2018              | 1,046              | 1,046                    | 3,137      |
| ADT Security Services   | Furnish & Installation - Clarksville TN                 | Tampa, FL          | 6/1/2019                | 10,408             | 10,408                   | 43,117     |
| ADT Security Services   | Installation of Tampa Plants                            | Clarksville, TN    | 3/22/2018               | 1,083              | 1,083                    | 3,792      |
| ADT Security Services   | AV Equipment for San Diego Clinic                       | Tampa, FL          | 6/1/2019                | 1,339              | 1,339                    | 5,547      |
| ADT Security Services   | Furniture & Fixture- San Diego Clinci                   | San Diego, CA      | 6/12/2019               | 8,926              | 8,926                    | 36,981     |
| ADT Security Services   | Shipping of AV equipment - Hawaii Clinic                | San Diego, CA      | 6/12/2019               | 284                | 284                      | 1,179      |
| ADT Security Services   | Furnish & Installation- San Diego Clinic                | Honolulu, HI       | 9/19/2019               | 38                 | 38                       | 157        |
| ADT Security Services   | Furnish & Installation- San Diego Clinic                | San Diego, CA      | 6/12/2019               | 2,040              | 2,040                    | 8,451      |

| Vendor                    | Description                                        | Clinic             | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value       |
|---------------------------|----------------------------------------------------|--------------------|-------------------------|--------------------|--------------------------|------------------|
| LJ Duffy, Inc             | Furniture & Installation- Tampa Clinic(deposit)    | Tampa, FL          | 6/1/2019                | 19,578             | 19,578                   | 81,111           |
| LJ Duffy, Inc             | Furniture & Installation- Tampa Clinic             | Tampa, FL          | 6/1/2019                | 15,964             | 15,964                   | 66,133           |
| LJ Duffy, Inc             | Furniture & Installation- San Diego Clinic(Dep)    | San Diego, CA      | 6/12/2019               | 17,965             | 17,965                   | 74,425           |
| LJ Duffy, Inc             | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 16,883             | 16,883                   | 69,941           |
| LJ Duffy, Inc             | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 596                | 596                      | 2,470            |
| LJ Duffy, Inc             | Furniture & Installation- Tampa, FL                | Tampa, FL          | 6/1/2019                | 2,252              | 2,252                    | 9,330            |
| LJ Duffy, Inc             | Furniture & Installation- Tampa, FL                | Tampa, FL          | 6/1/2019                | 233                | 233                      | 967              |
| Signs of Success          | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 1,705              | 1,705                    | 8,523            |
| ADT Security Services     | Installation of burglar alarm- Lakewood, WA        | Lakewood, WA       | 11/1/2018               | 329                | 329                      | 1,645            |
| ADT Security Services     | Furniture & Fixture- Virginia Beach, VA            | Virginia Beach, VA | 2/1/2019                | 190                | 190                      | 951              |
| Signs of Success          | Furniture & Installation- Tampa Clinic             | Tampa, FL          | 6/1/2019                | 1,376              | 1,376                    | 8,530            |
| Signs of Success          | Furniture & Installation- Tampa Clinic(deposit)    | Tampa, FL          | 6/1/2019                | 976                | 976                      | 6,051            |
| LJ Duffy, Inc             | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 121                | 121                      | 747              |
| ADT Security Services     | Security Transmitter Installation- San Diego       | San Diego, CA      | 6/12/2019               | 91                 | 91                       | 560              |
| ADT Security Services     | Installation of burglar alarm- San Diego, CA       | San Diego, CA      | 6/12/2019               | 465                | 465                      | 2,884            |
| Atria, Inc                | Installation of Moss Wall- Clarksville             | Clarksville, TN    | 3/22/2018               | 253                | 253                      | 2,023            |
| Atria, Inc                | Installation of Moss Wall- Clarksville             | Clarksville, TN    | 3/22/2018               | 253                | 253                      | 2,023            |
| ADT Security Services     | Installation of burglar alarm- Tampa, FL           | Tampa, FL          | 6/1/2019                | 465                | 465                      | 3,722            |
| Signs of Success          | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 951                | 951                      | 7,606            |
| VSC Fire & Security, Inc  | White Noise System for Virginia Beach              | Virginia Beach, VA | 2/1/2019                | 1,076              | 1,076                    | 8,609            |
| VSC Fire & Security, Inc  | White Noise System for Virginia Beach              | Virginia Beach, VA | 2/1/2019                | 338                | 338                      | 2,702            |
| Komori Painting           | Interior Accent Walls-Hawaii                       | Honolulu, HI       | 9/19/2019               | 369                | 369                      | 4,057            |
| Komori Painting           | Interior Accent Walls-Hawaii                       | Honolulu, HI       | 9/19/2019               | 136                | 136                      | 1,497            |
| Far West Technologies     | Sound Masking System- Lakewood, WA                 | Lakewood, WA       | 11/1/2018               | 68                 | 68                       | 745              |
| ADT Security Services     | ADT Installation- San Diego                        | San Diego, CA      | 6/12/2019               | 242                | 242                      | 2,667            |
| The Promedia Group        | Sound Masking System-Tampa                         | Tampa, FL          | 6/1/2019                | 471                | 471                      | 5,182            |
| The Promedia Group        | Sound Masking System-Tampa                         | Tampa, FL          | 6/1/2019                | 471                | 471                      | 5,182            |
| Signs of Success          | Installation of Suites Plaques-Virginia Beach      | Virginia Beach, VA | 2/1/2019                | 92                 | 92                       | 1,567            |
| ADT Security Services     | Installation of burglar alarm- Hawaii              | Honolulu, HI       | 9/19/2019               | 238                | 238                      | 4,041            |
| LJ Duffy, Inc             | Furniture & Installation- San Diego Clinic         | San Diego, CA      | 6/12/2019               | 198                | 198                      | 3,366            |
| LJ Duffy, Inc             | Furniture & Fixtures - Lakewood                    | Lakewood, WA       | 11/1/2018               | 448                | 448                      | 7,621            |
| LJ Duffy, Inc             | Furniture & Fixtures - Lakewood                    | Lakewood, WA       | 11/1/2018               | 448                | 448                      | 7,621            |
| Wow 1 Day Painting        | Interior Accent Wall Painting-Silver Spring Clinic | Silver Spring, MD  | 10/12/2017              | 69                 | 69                       | 2,397            |
| LJ Duffy, Inc             | Furniture & Fixtures - Tampa                       | Tampa, FL          | 6/1/2019                | 34                 | 34                       | 1,203            |
| LJ Duffy, Inc             | Furniture & Fixtures Final Pymt - Hawaii           | Honolulu, HI       | 9/19/2019               | 7,093              | 7,093                    | 248,267          |
| Atria, Inc                | 3 Line Green Moss Wall Panels - Silverspring       | Silver Spring, MD  | 10/12/2017              | 57                 | 57                       | 1,983            |
| ADT Security Services     | Install access control system - Hawaii             | Honolulu, HI       | 9/19/2019               | 85                 | 85                       | 2,965            |
| ADT Security Services     | Install 600lb Magnetic lock - Hawaii               | Honolulu, HI       | 9/19/2019               | 33                 | 33                       | 1,151            |
| ADT Security Services     | Hawaii fire alarm install                          | Honolulu, HI       | 9/19/2019               | 378                | 378                      | 13,214           |
| Stamford Office Furniture | Painting of transwall - Virginia Beach             | Virginia Beach, VA | 2/1/2019                | 321                | 321                      | 11,242           |
| Signs of Success          | Signage for Hawaii Cohen clinic                    | Honolulu, HI       | 9/19/2019               | 308                | 308                      | 10,781           |
| Signs of Success          | Signage for the Tampa, FL clinic                   | Tampa, FL          | 6/1/2019                | 719                | 719                      | 25,147           |
|                           |                                                    |                    |                         | <b>520,636</b>     | <b>759,831</b>           | <b>1,404,192</b> |
| <b>SOFTWARE</b>           |                                                    |                    |                         |                    |                          |                  |
| MoreDirect, Inc           | Adobe Professional                                 | Central Office     |                         | 16                 | 131                      | -                |
| MoreDirect, Inc           | Adobe Professional                                 | Central Office     |                         | 16                 | 131                      | -                |

| Vendor                 | Description                               | Clinic          | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value    |
|------------------------|-------------------------------------------|-----------------|-------------------------|--------------------|--------------------------|---------------|
| MoreDirect, Inc        | Creative Cloud for Teams                  | Central Office  |                         | 92                 | 851                      | -             |
| MoreDirect, Inc        | Acrobat Pro                               | Central Office  |                         | -                  | 454                      | -             |
| MoreDirect, Inc        | Acrobat Pro                               | Central Office  |                         | -                  | 431                      | (0)           |
| MoreDirect, Inc        | Acrobat Pro                               | Central Office  |                         | -                  | 431                      | -             |
| MoreDirect, Inc        | Acrobat Pro                               | Central Office  |                         | 1,008              | 2,688                    | 336           |
| Black Baud             | Accounting System Implementation          | Central Office  |                         | 8,392              | 20,979                   | 4,196         |
| Black Baud             | FE NXT Implementation                     | Central Office  |                         | 1,667              | 3,889                    | 1,111         |
| Faros Healthcare       | FE NXT Implementation                     | Central Office  |                         | 15,800             | 36,867                   | 10,533        |
| Prizam HealthCare Tech | FE NXT Implementation                     | Central Office  |                         | 9,333              | 20,222                   | 7,778         |
| Data Blue, LLC         | CiscoSoftware Implementation- Clarksville | Clarksville, TN |                         | 2,124              | 3,717                    | 2,655         |
| Precision Computer     | Meraki Device-Additional Wireless Access  | Central Office  |                         | 1,543              | 2,314                    | 2,314         |
|                        |                                           |                 |                         | <b>39,990</b>      | <b>93,107</b>            | <b>28,923</b> |

**HARDWARE**

|                 |                                                           |                 |  |               |               |               |
|-----------------|-----------------------------------------------------------|-----------------|--|---------------|---------------|---------------|
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 2,015         | 8,060         | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 175           | 697           | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 832           | 6,003         | -             |
| MoreDirect, Inc | LJ ProM426Laser Printer                                   | Central Office  |  | 51            | 363           | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 1,114         | 8,003         | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 490           | 3,527         | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | -             | 6,350         | -             |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 3,875         | 10,333        | 1,292         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 3,875         | 10,333        | 1,292         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 831           | 1,870         | 623           |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 733           | 1,711         | 489           |
| Commshark       | Phone System                                              | Central Office  |  | 783           | 1,697         | 653           |
| Commshark       | Phone System                                              | Central Office  |  | 1,545         | 3,090         | 1,545         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 1,487         | 2,601         | 1,858         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 7,409         | 12,965        | 9,261         |
| Data Blue, LLC  | Cisco -Phone System - Clarksville, TN                     | Clarksville, TN |  | 1,603         | 2,405         | 2,405         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 414           | 621           | 621           |
| Data Blue, LLC  | Cisco -Phone System - Clarksville, TN                     | Clarksville, TN |  | 2,136         | 3,382         | 3,382         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 344           | 430           | 602           |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (1)              | Central Office  |  | 769           | 769           | 1,539         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (1)              | Central Office  |  | 1,480         | 1,480         | 2,960         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 1,220         | 1,220         | 3,171         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 1,098         | 1,098         | 3,293         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)              | Central Office  |  | 407           | 407           | 1,688         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(Cruiz)       | Central Office  |  | 407           | 407           | 1,688         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(sparelaptop) | Central Office  |  | 396           | 396           | 2,454         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(sparelaptop) | Central Office  |  | 293           | 293           | 1,817         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(sparelaptop) | Central Office  |  | 316           | 316           | 1,960         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(sparelaptop) | Central Office  |  | 330           | 330           | 2,641         |
| MoreDirect, Inc | Laptop, docking station, mouse, monitors (2)(sparelaptop) | Central Office  |  | 418           | 418           | 4,598         |
|                 | Universal Docking Stations- Stamford Office               |                 |  | <b>36,846</b> | <b>91,220</b> | <b>51,830</b> |

**WEBSITE:**

|                  |               |                |  |     |        |   |
|------------------|---------------|----------------|--|-----|--------|---|
| Stinson Partners | Website Build | Central Office |  | -   | 46,289 | - |
| Stinson Partners | Website Build | Central Office |  | 748 | 6,756  | - |

| Vendor             | Description             | Clinic         | Lease Commencement Date | Depreciation Total | Accumulated Depreciation | Book Value |
|--------------------|-------------------------|----------------|-------------------------|--------------------|--------------------------|------------|
| Stinson Partners   | Website Build           | Central Office |                         | 339                | 3,081                    | -          |
| Stinson Partners   | Website Build           | Central Office |                         | 3,840              | 46,289                   | -          |
| Stinson Partners   | Website Build           | Central Office |                         | 155                | 5,447                    | -          |
| Miller Smith       | Clinics Portal Redesign | Central Office |                         | 1,440              | 4,320                    | -          |
| Miller Smith       | Clinics Portal Redesign | Central Office |                         | 1,440              | 4,320                    | -          |
| Miller Smith       | Clinics Portal Redesign | Central Office |                         | 675                | 1,800                    | 225        |
| Miller Smith       | Clinics Portal Redesign | Central Office |                         | 3,293              | 7,410                    | 2,470      |
| Miller Smith       | Clinics Portal Redesign | Central Office |                         | 8,145              | 17,648                   | 6,788      |
|                    |                         |                |                         | 20,074             | 143,359                  | 9,483      |
| Total Fixed Assets |                         |                |                         |                    |                          |            |
|                    |                         |                |                         | 2,179,343          | 3,036,439                | 8,838,612  |