Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2019 cal	endar year, or tax year beginning , 2019, an	d ending		, 20
B Check if applicable	C Name of organization ?		D Employer	identification number
Address change	National Association of Veterans Upward Bound Project Personnel			76-0807554
Name change		loom/suite	E Telephone	number
Initial return	430 S. Michigan Avenue, 12th Floor Tower, Auditorium Building			865-974-3619
Final return/terminate	City or town, state or province, country, and ZIP or foreign postal code	03	F Group Ex	kemption
Application pending	Chicago, Illinois 60605	<u>U</u>	Number	▶ ?
G Accounting Meth	od.	н	Check ► 🗹	If the organization is not
I Website: ► w	ww.navub.org		required to a	ittach Schedule B
J Tax-exempt status	(check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	□ 527	(Form 990, 9	90-EZ, or 990-PF).
K Form of organiza	non: Corporation Trust Association Other		· -	
	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if total	assets	
·	are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	\$
	nue, Expenses, and Changes in Net Assets or Fund Balances			
	k if the organization used Schedule O to respond to any question in	this Part I		<u> </u>
🔁 1 Contrib	utions, gifts, grants, and similar amounts received		·	3,192
2 Progra	m service revenue including government fees and contracts		2	
	rship dues and assessments		3	9,674
4 Investr	nent income		4	
ua i	amount from sale of assets other than inventory			
<u> </u>	ost or other basis and sales expenses		_ -	
//	(loss) from sale of assets other than inventory (subtract line 5b from line	:5a)	<u>5c</u>	RECEIVE
<u> </u>	g and fundraising events: income from gaming (attach Schedule G if greater than			
				M 1 9 2020
b Gross		ontribution		B JOH TO LOCA
	ndraising events reported on line 1) (attach Schedule G if the	Ontribution	`	
sum of	such gross income and contributions exceeds \$15,000) 6b		47,902	OGDEN, U
	rect expenses from gaming and fundraising events 6c		47,644	
	ome or (loss) from gaming and fundraising events (add lines 6a and 6			
line 6c)			6d	258
7a Gross	ales of inventory, less returns and allowances			
b Less: c	ost of goods sold			
c Gross	profit or (loss) from sales of inventory (subtract line 7b from line 7a) .		7с	
8 Other r	evenue (describe in Schedule O)		8	
	evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	. > 9	13,124
	and similar amounts paid (list in Schedule O)		10	7,000
	s paid to or for members			
	s, other compensation, and employee benefits 🔞			
13 Profess	ional fees and other payments to independent contractors 🔞			
14 Occup	ancy, rent, utilities, and maintenance			
- 10 1111111111111111111111111111111	publications, postage, and shipping			
	xpenses (describe in Schedule O) 2			
140 (xpenses. Add lines 10 through 16	· · · ·	. > 17	15,500
18 Excess نو 19 Net as	or (deficit) for the year (subtract line 17 from line 9)			2,736
S and of	year figure reported on prior year's return)		ļ	-
				
20 Other of 2 21 Net as:	hanges in net assets or fund balances (explain in Schedule O)			
		106421	21	63,952 Form 990-EZ (2019)

Pai	Check if the organization used Schedule	,	ny question in this	Part II		, —
.	Oneck if the organization used Schedule	o to respond to a	ny question in this	(A) Beginning of year	<u></u>	(B) End of year
22	Cash, savings, and investments			61,216	22	63,95
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			61,216	27	63,95
Par						-
\ A (I = -)	Check if the organization used Schedule				(Rec	Expenses guired for section
	is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	of its three largest per services provided	orogram services, d, the number of	orga othe	anizations, optional for ers)
	Awarded one \$ 2,000 and five \$ 1,000 scholarships to					
	were or still are members of Veterans Upward Bound	l (VUB), a US Departr	nent of Education gr	ant program for		
	disadvantaged military veterans					
	(Grants \$ 7,000) If this amount				28a	7,000
29						
					ĺ	
	(Grants \$) If this amount	includes foreign ar	nto chook horo		20-	
30					29a	· · · · · · · · · · · · · · · · · · ·
00					1	
					1	
	(Grants \$) If this amount	includes foreign gra	ants, check here	• • □	30a	j
31	Other program services (describe in Schedule O)					'
	(Grants \$) If this amount				31a	d
32	Total program service expenses (add lines 28a t	through 31a)		•	32	
Part						
	Check if the organization used Schedule					•
		(b) Average	(c) Reportable ?			
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	·
Rob (regg, President, Pensacola State College VUB,					
	O College Blvd., Bldg 6, R658, Pensacola, FL 32504	8	C		0	0
Chev	onne Neal, Vice-President, Southeastern Louisiana					
	versity VUB, SLU 10548, Hammond, LA 70402	4			0	0
	Morris, Secretary, Gadsden State CC, PO Box 227,					
	sden, AL 35902-0227	3	0	<u> </u>	0	0
	ni Basile, Treasurer, The University of Tennessee-					
	xville, 29 HPER Bldg, Knoxville, TN 37996	10	<u> </u>)	0	0
	hompson, Conference Chair, University of Texas	_				
	rlington, Arlington, TX 76019	5	0		ᅃᅳ	0
	Holt, Parliamentarian, Southern University		_			
	eveport, 610 Texas Street, Shreveport, LA 71101	2	0			0
	Wilson, Public Relations Officer, Arkansas Technical	1				
	versity, 05 West O Street, Brown Hall Suite 333	5	0		-	0
Kus	sellville, AR 72801	1				
			<u> </u>	 	+	
		1				
				-	+-	
		1		}		
					+	
		1				
				-	+	

	Part	·				
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	_		_
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No	-
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		-	- [7
		change on Schedule O. See instructions	34		✓	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1	•
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		1	
		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	2
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				j —
	ь 38а	Did the organization file Form 1120-POL for this year?	37b	SHOOTS AND	8.57257	i
	Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	PZE		[2
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a	KARES S	V	
	39	Section 501(c)(7) organizations. Enter:				
	а	Initiation fees and capital contributions included on line 9				
	b	Gross receipts, included on line 9, for public use of club facilities				ĺ
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			3
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
	41	List the states with which a copy of this return is filed ▶	400		<u> </u>	
	42a	The organization's books are in care of ▶ Telephone no. ▶				
		Located at ► ZIP + 4 ►				
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	
		If "Yes," enter the name of the foreign country ▶				
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		√	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	-	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
	С	Did the organization receive any payments for indoor tanning services during the year?	44c	-		
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	202		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		`	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b			

Form 99	10-EZ (2019)					p	age 4
Onn 98	0-EZ (2019)	· – –		.		Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of					res Addi	
Part			,		1 10	L	
	All section 501(c)(3) organization		stions 47-49b and	52, and complete th	e tables f	or line	es
	50 and 51.	•		, ,			
	Check if the organization used Sc	hedule O to respond	I to any question in the	nis Part VI			
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	_	tax . 47	1	
48	Is the organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete \$	Schedule E	. 48		/
49a	Did the organization make any transfers t	o an exempt non-cha	rıtable related organiz	ation?	. 49a		✓
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		. 49b		✓
50	Complete this table for the organization's						d key
	employees) who each received more than	\$100,000 of comper	nsation from the organ		e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
				compensation			
f	Total number of other employees paid ov						·
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe Inization. If there is no	ensated independent one, enter "None."	contractors who each	n received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	се (с	Compensation	on	
	·						
Ь	Total number of other independent contra	actors each receiving	over \$100,000				
52	Did the organization complete Scheducompleted Schedule A			nizations must attacl	n a .►		No.
Jnder p	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that	return, including accompan n officer), is based on all info	ying schedules and stateme orgation of which preparer h	nts, and to the best of my ki as any knowledge			
	Jan Mic	Dasi	te				
Sign	Signature of officer	<i>1</i>	· · · · · · · · · · · · · · · · · · ·	Date 2	1 = 1		
Here	Tammi M. Basile, Treasurer			(0)	1) / 3	乙 <u>0</u>	
	Type or print name and title				/		

Preparer's signature

Pnnt/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid Preparer Use Only PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	ame of the organization Employer identification number					n number	
	National Association of Veterans Upward Bound Project Personnel 76-0807554 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
Par					·		ons.
ine c	organization is not a private founda						a 01
1	A church, convention of churc						09
2 3	A school described in section						- 1
4	☐ A hospital or a cooperative ho☐ A medical research organization						(iii). Enter the
	hospital's name, city, and stat	e:					•
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					tal unit described in
	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)			port from	n a gover	nmental unit or fron	n the general public
	A community trust described i						
9	An agricultural research organ or university or a non-land-grauniversity:	ization describe nt college of agi	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a line, city, and state of	and-grant college f the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	ınctıons—subject to c ırelated business taxa	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclu	sively to test for publi	c safety.	See sect i	ion 509(a)(4).	
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to ca	rry out the purposes
	of one or more publicly support Check the box in lines 12a thro	orted organization ough 12d that dea	ons described in sect scribes the type of sup	i on 509(a oporting c	i)(1) or se organizatio	ection 509(a)(2). Se on and complete line	e section 509(a)(3). es 12e, 12f, and 12g.
а	☐ Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting o	organization vested in IV. Sections A and C	the same	persons	that control or man	age the supported
С	☐ Type III functionally integ				onnection	n with, and functions	ally integrated with.
	its supported organization(s) (see instructio	ons). You must comp	lete Part	IV, Secti	ons A, D, and E.	, , , , , , , , , , , , , , , , , , , ,
d	☐ Type III non-functionally integer that is not functionally integer requirement (see instruction)	grated. The orga	inization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or 1	ization received Type III non-fund	a written determination	on from th	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported of	organizations .					[
<u> </u>	Provide the following information		ported organization(s).	· 		_	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)					-		
(D)							
(E)							
Total							<u> </u>

	577 (F 61111 000 01 000 CE) 2010						
Part							
	(Complete only if you checked the						alify under
•	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III	
Section	on A. Public Support			<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) /2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				/	ľ	
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf				/		
3	The value of services or facilities		_		 / -		
3	fumished by a governmental unit to the				./		
	organization without charge				/	ĺ	
_	_				//		
4	Total. Add lines 1 through 3	ACCUPATION OF THE PROOF ASSO	** 389*************	sociar reservation de	Forester N Brenzesser	AND SOCIETY OF SOCIETY AND SOC	
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on					7.	
	line 1 that exceeds 2% of the amount			/: "			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	W. 100 100 100 100 100 100 100 100 100 10		*/******			
Section	on B. Total Support			/			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		/				
	payments received on securities loans,		/			}	
	rents, royalties, and income from		/				
	similar sources						
9	Net income from unrelated business			-			
-	activities, whether or not the business		/				
	is regularly carried on		/				
10	Other income. Do not include gain or	ļ	/				
10	loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
			F26904084-7797-305-255-2	Department has been been	Ball-State Charles Charles	7	
11	Total support. Add lines 7 through 10				2000 CS 100 M		
12	Gross receipts from related activities, etc		•	ا ، ، ، ، . العام العام الع		12	504(-)(0)
13	First five years. If the Form 990 is for the	- /			•		
<u> </u>	organization, check this box and stop he			· · · · · ·	· · · · · · · · · · · · · · · · · · · 	<u> </u>	
	on C. Computation of Public Suppor			d ==1:= (5)		44	
14	Public support percentage for 2019 (line		•			14	<u>%</u>
15	Public support percentage from 2018 Scl					15	<u>%</u>
16a	33¹/₃% support test—2019. If the organ						
	box and stop here. The organization qua	-	•	-			_
b	331/3% support test - 2018. If the organi						
	this box and stop here. The organization	•		_			_
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ			zation qualifies	s as a publicly	supported
	organization $/$						▶ 🗆
b	10%-facts-and-circumstances test-2	018. If the ora	anization did n	ot check a bo	x on line 13. 1	6a, 16b. or 17a	a, and line
-	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization . /						▶ □
18	Private foundation. If the organization di				a, or 17b, chec	k this hox and	
	instructions						
	,			•	•	•	

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40074					
2	Gross receipts from admissions, merchandise	10971	11012	15680	18683	12866	69212
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24666	24650	35289	34890	47902	167397
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	35637	35662	50969	53573	60768	∫236609
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			priválitation po	163733		236609
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	35637	35662	50969	53573	60768	236609
IVa	payments received on securities loans, rents, royalties, and income from similar sources.	2	2	2	3	8	17
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2	2	2	3	8	17
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			į			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	35639	35664	50971	53576	60776	236626
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, third, fourth		ear as a section	n 501(c)(3)
Section	on C. Computation of Public Suppor					· · · · ·	<u> </u>
15	Public support percentage for 2019 (line			I3. column (fl)		15	99.99 %
16	Public support percentage from 2018 Sch					16	99.99 %
	on D. Computation of Investment In			 	<u> </u>		33.33 70
17	Investment income percentage for 2019 (y line 13, colu	mn (f))	17	0.005 %
18	Investment income percentage from 2018					18	0.005 %
19a	331/3% support tests-2019. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this line 18 is not more tha	box and stop h e	ere. The organı	zatıon qualıfıes	as a publicly su	upported organi	zation 🕨 📋
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g <i>y</i>			
s d	1		
er	2	•	
d e			
3)			
lf	3c		
n n	4a 4b		
n d 3)			
" V n;	40		
у	5a 5b	-	
o d or	5c 6		
or y	7		
?	8		
e d			
h		3/0	
it	9c		
n d			
0	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	
	Did the divertory twistons or membership of one or more supported exercises have the news to	7 KIRROS E	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	3.7-336A	CLOSE
2	Did the organization operate for the benefit of any supported organization other than the supported	\$200°C		37.42%
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1500 C		
		1 1		
Secu	on D. All Type III Supporting Organizations		Vaa	Na
	Did the arganization provide to each of its supported arganizations, by the last day of the fifth month of the	9828	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	laid lidi	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	738	1998 1998	E 244
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	amanimit 1'a'	Philippinhis
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity and Activities Test. Answer (a) and (b) below.	` -		
2		28888	Yes	No ≹aunta≸
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	K. SUSSE	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2000	S PA	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2.0		
	reasons for the organization's position that its supported organization(s) would have engaged in these		17.3	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		¥20	KAN
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		-
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		~
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	CATALONIA COMPANIACIA	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Şect	ion D—Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	noses of supported ora:		
 4	Amounts paid to acquire exempt-use assets	10363 of Supported Gige	IIIZAUOIIS	
 5	Qualified set-aside amounts (prior IRS approval required)			
 6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
_ 8	Distributions to attentive supported organizations to whice	h the erganization is re-		
	(provide details in Part VI). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	25/2/22/25/20/2		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019		The second secon	The contract of the contract o
<u></u> а	From 2014	Proposition and Authority of Many of Many of Many		
b	From 2015	management of the state of the		AND THE PROPERTY OF THE PROPER
	From 2016	Sandra manifestation of the state of the sta	Million Land Control of the Control	
d	From 2017	The same supplied that the same supplied to the sam		The state of the s
e e	From 2018			THE COURT OF THE C
f	Total of lines 3a through e	PANESTAND AND STORY WINDS AND STORY OF THE S		TANGER AND CALLED SHOW THE CALL
g	Applied to underdistributions of prior years		ages (2008), in lateral and Colombia and Col	And the second s
— j h	Applied to 2019 distributable amount			SERVICE CONTRACTOR OF THE SERVICE OF
<u>;</u>	Carryover from 2014 not applied (see instructions)	Mary Control of the same of th		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		5 (2 (4) 1 (1)	
4	Distributions for 2019 from		Company of the second second	**************************************
•	Section D, line 7:			
	Applied to underdistributions of prior years		C. CONTRACTOR CONTRACTOR OF A SECOND CONTRACTOR CONTRAC	
<u>-</u> _	Applied to 2019 distributable amount			3455724 5832421478.20444668 15 5 8041
_	Remainder. Subtract lines 4a and 4b from 4.	SAN STANDARD SAN STANDARD SAN AS AN ASSAULT OF AS ASSAULT	AND THE PARTY OF T	
5	Remaining underdistributions for years prior to 2019, if		CARCACCEAN ADMINISTRATION OF THE THE	
•	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	Section 1997 And 1997 Conference of the section of		AND THE PROPERTY OF THE PROPER
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		***	
8	Breakdown of line 7:		and Tanamas January	County (Transmission of Contracting Contra
a	Excess from 2015 .	THE THE PARTY OF T		
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			AND THE PARTY OF T
е	Excess from 2019			

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	see separate instructions), t	hen			
• S	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
Name	of organization			Employer ider	ntification number
		Jpward Bound Project Personnel			76-0807554
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 of	organization.
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			0
3		cal campaign activities (see instruc	ctions)		
Part		e organization is exempt und			
1	-	excise tax incurred by the organiza			
2	-	excise tax incurred by organization	_		
3	<u> </u>	ed a section 4955 tax, did it file For	•		Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
2		filing organization's funds contributies	•		
3		expenditures. Add lines 1 and 2.			•••••••
		· · · · · · · · · · · · · · · · · · ·			
4	Did the filing organization	file Form 1120-POL for this year?	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committee	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

		· · · · · · · · · · · · · · · · · · ·						. ~9~ —
Pa	rt Il-A	Complete if the organizate section 501(h)).	ion is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection un	der
A.			ongs to an affiliated group (and list in Part IV each affiliated group member's name,					
_	address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.							
<u>B</u> _	Check ►		bbying Expendite		ovisions apply.	()5:	0.3.460	
		(The term "expenditures"			1	(a) Filing organization's totals	(b) Affilia group to	
<u> </u>	a Total k	obbying expenditures to influence				 	_ _	·
		obbying expenditures to influent	•		•			
		obbying expenditures (add lines	-	• • • •	••			
		exempt purpose expenditures	•					
		exempt purpose expenditures (a						
		ing nontaxable amount. Ente		•				-
	columi	•			,			
	If the ar	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	t is:	427601741727	W/// (2)	2.00
		r \$500,000		nount on line 1e		3.2		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	15 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.			
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.			
	Over \$1	7,000,000	\$1,000,000.					
	-	oots nontaxable amount (enter	' - '					
		ct line 1g from line 1a. If zero or	•					
		ct line 1f from line 1c. If zero or	•					
		e is an amount other than zer			•		□ v	
	reporti	ng section 4911 tax for this yea		<u> </u>			Yes	No
	(Som	e organizations that made a s	section 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.	
_		Lobbyi	ng Expenditures	During 4-Year Av	eraging Period			
	Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) To	tal
	a Lobby	ing nontaxable amount						
	-	ing ceiling amount of line 2a, column (e))						
	c Total le	obbying expenditures				,		
	d Grassr	roots nontaxable amount						
		oots ceiling amount of line 2d, column (e))						
	f Grassr	oots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768	
For a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	3)	(1	b)
	ption of the lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c d e f	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-	
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
2a b c d Part	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912)(5).	or se	ction	
	501(c)(6).				/ T N-
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?	prior	year?	1 2 3	res No
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1	· · ·	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
a b c	Current year		2a 2b 2c		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying	3		
5 Dose	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, lın	es 1 and

and round table discussions) before joining group visits to national legislators or their legislative/veteran liaisons. During these group meetings our President attempts to inform all those present about the VUB program and asks for the legislator's support in keeping the Veterans Upward Bound program at or near the top of their legislative/veterans' agenda. Our President seeks support and backing, but does not ask for funds. Nearly all of the expenses for this exercise consists of conference registration fees, travel, lodging, and meals. In 2919, our

Schedule C (For	n 990 or 990-EZ) 2019	Page 4
Part !V	Supplemental Information (continued)	
		·
		••••••
	· -	
	·	
		••••
		•••••••••••••••••
		•••••••
	······	
	·	•••••

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number

National Association of Veterans Upward Bound 76-0807554 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants ☐ Mail solicitations ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g

Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col (i) Yes No 2 4 5 6 7 8 q 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

<u>.</u>		gross receipts greater tha			····	
			(a) Event #1 Annual Conference	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
a)			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	47902			47902
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	47902			47902
						17302
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	36537			36537
Direc	8	Entertainment	11107			11107
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra			💺	47644
Pa	rt III					or reported more than
		\$15,000 on Form 990-E2				
ā						
eun			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenu		Cross rayery	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses			(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5	Cash prizes	□ Yes%	Yes % No	☐ Yes%	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No Id lines 2 through 5 in c	Yes % No	☐ Yes% ☐ No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No Id lines 2 through 5 in course.	bingo/progressive bingo Yes % No Dlumn (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No Id lines 2 through 5 in conducts gain ganization conducts gain activities	☐ Yes % ☐ No Dlumn (d)	☐ Yes % ☐ No ▶ ▶	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 b If	Cash prizes	☐ Yes% ☐ No Id lines 2 through 5 in conjunction conducts gain activities aming activities aming licenses revoked	Dingo/progressive bingo Yes % No Dlumn (d)	☐ Yes% ☐ No▶▶	col (a) through col (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		_
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
		•••••	
		· · · · · · · · · · · · · · · · · · ·	
			·

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization National Association of Veterans Upward Bound Project Personnel 76-0807554 Part 1, Line 10 Scholarships Awarded Lyndsey Edelman, c/o Georgia State University, 1 Park Place South Suite 400, Atlanta, GA 30303 (\$ 2,000) Landon Flake, c/o WV VUB/Davis Elkins College, 100 Campus Dr., Elkins, WV 26241 (8 1,000) Lorne Blake Jenkins, c/o Gadsen State Community College, PO Box 227, Gadsen, AL, 35902 (\$ 1,000) John Townsend, c/o East Tenneessee State University, PO Box 70306, Johnson City, TN 37614-1701 (8 1,000) Joshua Sisco, c/o East Central Oklahoma, 1100 E. 14th, PMB-S 36, Ada, OK 74820 (8 1,000) Eduardo Alcantar, c/o TELACU, 5400 E. Olymic Blvd, Suite 210, Los Angeles, CA 90022 (\$ 1,000) Each of the student veterans listed above were awarded scholarships in the amounts shown after rigorous select and vetting processes. These funds allow veterans to support their pursuit of a postsecondary college degree. The competition is annual and managed by a scholarship commission made up of Members of this Association, who determine which applicant is most deserving based on each application submitted. Part 1, Line 16 Other Expenses Surety Bond for Treasurer (§ 128); Webhosting (\$ 2,700) Print Ad/Donation for Promotion of VUB (§ 500) Filing Fees (\$ 60) Part VI, Line 47 The Association's "lobbying" consists of in-office visits with Congressmen and Senators, or their veteran liaisons to encourage support of the Department of Education's Veterans Upward Bound programs.

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	Employer identification number	
•		
	·····	
		
·		
		••••
		
	·····	
		·-
		·
		-
······································		
······································	······	