Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



B Check High CName of organization D Employer identification number	Α	For th	e 2019 calendar year, or tax year beginning and	ending	_					
■ Doing business as 46-2952873 ■ Number and street (or P.0. box if mail is not delivered to street address) Room/sulte E Telephone number 11055 ROSELLE STREET 120 G cross receipts \$ 2,244,795. ■ relevance SAM DIEGO, CA 92121 Hold bases of principal officer/MATT STEVENS G cross receipts \$ 2,244,795. ■ relevance Famme and address of principal officer/MATT STEVENS For address of principal officer/MATT STEVENS No bootherse Ves X No > Website-WWW. HONOR. ORG HONOR ORG H(b) Are all address of principal officer/MATT STEVENS No address of principal officer/MATT STEVENS > Website-WWW. HONOR. ORG HONOR ORG H(c) Group exemption number > No Yees to address of principal officer/MATT STEVENS For of organization: X Corporation Trust Association Other > L Vear of tormation: 2013 M State of legal domicle: CA Part1 Summary Somembers of the governing body (Part VI, line 1a) 4 14 2 Check this box > □ If the organization discontinued its operations or disposed of more than 25% of ts net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 14 4 Number of independent voting members of the governing body (Part VI	В	Check if applicat	e: C Name of organization		D Employer identifie	cation number				
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11i-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -13, 955. 11 -474, 205. 12 Beginning of Current Year 13 -13, 955. 14 -474, 205. 15 -474, 205. 16 2, 273, 151. 17 1, 718, 588.	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. <u></u>	0.	0.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11i-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -13, 955. 11 -474, 205. 12 Beginning of Current Year 13 -13, 955. 14 -474, 205. 15 -474, 205. 16 2, 273, 151. 17 1, 718, 588.	ă	b	Total fundraising expenses (Part IX, column (D), line 25) 407,6	79.						
19 Revenue less expenses. Subtract line 18 from line 12 -13,955. -474,205. b 80 / 50 / 50 / 50 / 50 / 50 / 50 / 50 /	ш	11/								
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,273,151. 1,718,588.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
ੱਛੋਂ 20 Total assets (Part X, line 16) 2,273,151. 1,718,588.			Revenue less expenses. Subtract line 18 from line 12			-474,205.				
향품 20 Total assets (Part X, line 16)	s or			Be						
	sset	20								
	at As					-				
22 Net assets or fund balances. Subtract line 21 from line 20 1,710,673. 1,236,468. Dest Segmenting Place					1,710,673.	1,236,468.				

| Part II | Signature Block

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

Sign Here	Signature of officer MATT STEVENS, CEO Type or print name and title		Date							
Paid	Print/Type preparer's name RICHARD HOTZ	Preparer's signature	Date Check PTIN 10/22/20 self-employed P00452784							
Preparer	Firm's name 🕨 CONSIDINE & CONS		Firm's EIN ▶ 95-2694444							
Use Only										
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION									

Form	1990 (2019) THE HONOR FOUNDATION	46-2952873 Page 2
Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ASSISTS U.S. SPECIAL OPERATION FORCES TRANSITION	
	MILITARY TO PRIVATE SECTOR CAREERS.	FROM ACTIVE DUTI
2	Did the organization undertake any significant program services during the year which were not	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro	ogram services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishment is a service accomplishment of a service accomplishment is a service accomplishment of a service accomplishment is a service accomplishment of a service a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported.	ocations to others, the total expenses, and
4a) (Revenue \$
	TRANSITION EDUCATION FOR FORMER SPECIAL OPERATIC	
	CAREERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d		
4e	(Expenses \$ including grants of \$) (Revenue Total program service expenses ▶ 1,933,171.	сэ)
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Form 990 (2019)

Part IV Checklist of Required Schedules

THE HONOR FOUNDATION

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-			
•	public office? If "Yes," complete Schedule C, Part I	3		x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III	8		Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	Х		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х		
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	-		
128	Schedule D, Parts XI and XII	12a		x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120			
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	

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Form **990** (2019)

13261022 757767 HONO15129398 2019.04030 THE HONOR FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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	4			. ,

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- 100		
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans13b			
с	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	446	1	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.	1	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
			000	(0040)

Form **990** (2019)

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Form 990 (2019)

Form 990 ((2019))
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion A. Governing Body and Management						
			Yes				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 14			L			
				L			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l			
	officer, director, trustee, or key employee?	2		ļ			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			I			
	of officers, directors, trustees, or key employees to a management company or other person?	3		ļ			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		ļ			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		ļ			
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			I			
	more members of the governing body?	7a		I			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			T			
	persons other than the governing body?	7b		I			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t			
	The governing body?	8a	x	l			
h	Each committee with authority to act on behalf of the governing body?	8b	X	t			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		I			
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9					
	tion B. Toncies (mis Section B requests information about policies not required by the internal revenue Code.)		Yes	1			
0-	Did the expenientian have lead chapters, branches, or effiliates?	10a	165				
	Did the organization have local chapters, branches, or affiliates?	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			I			
	in Schedule O how this was done	12c	X				
3	Did the organization have a written whistleblower policy?	13					
4	Did the organization have a written document retention and destruction policy?	14					
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			I			
а	The organization's CEO, Executive Director, or top management official	15a	X	I			
	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			İ			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I			
	taxable entity during the year?	16a		I			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		t			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	· · · · · · · · · · · · · · · · · · ·	104		1			
~~~	exempt status with respect to such arrangements?	16b					
				-			
7	List the states with which a copy of this Form 990 is required to be filed CA, NJ, NY, PA, VA, WA, NC						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	/) ava	ŀ			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id fina	ncial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	SANAM CHARLTON - 619-916-6421						
	11055 ROSELLE STREET, NO. 120, SAN DIEGO, CA 92121						
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	6						
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Em	nployees,	Highest	Compensat	ed
	Employees, and Independe	ent Contrac	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	Position				Position (do not check more than one		Position		Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of					
	week						(00)	from	from related	other		
	(list any hours for	directo	direct		the organization	organizations (W-2/1099-MISC)	compensation from the					
	related	ee or (	stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization		
	organizations	trust	al tru		yee	ompe		· · · · · · · · · · · · · · · · · · ·		and related		
	below	Individual trustee or director	Institutional trustee	er	Key employee	iest co loyee	ner			organizations		
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former					
(1) JOE MUSSELMAN	1.00											
FORMER CEO/CURRENT DIRECTOR		Х		х				154,245.	1,530.	0.		
(2) SCOTT ADAMS	1.00											
BOARD CHAIR, EXECUTIVE COMMITTE CHAI		Х		Х				0.	0.	0.		
(3) DAVE ALBERGA	0.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(4) MATT STEVENS	40.00								_	_		
CEO AND FORMER DIRECTOR		Х		Х				185,000.	0.	0.		
(5) LARRY SOLOMON	1.00								_	_		
BOARD MEMBER AND CFO		Х		Х				0.	0.	0.		
(6) JOHN FOGELSONG	0.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(7) MATTHEW BIGGE	0.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(8) MARC BROWN	0.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(9) JOHN BURNHAM	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) BRIAN FERGUSON	0.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(11) DAVID JANKE	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) HARRY LEONHARDT	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) JEFF POTTINGER	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) JON SKINNER	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) PAUL THARP	0.00											
BOARD MEMBER		Х						0.	0.	0.		
(16) JUSTIN NAHAMA	0.00							_	_	-		
LEGAL COUNCIL		Х						0.	0.	0.		
(17) SANAM CHARLTON	40.00											
NON-BOARD MEMBER OFFICER - SECRETARY				Х				60,360.	0.	0.		
932007 01-20-20										Form <b>990</b> (2019)		

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13261022 757767 HONO15129398

2019.04030 THE HONOR FOUNDATION

	990 (2019) THE HONOF									46-29	)528	873	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		ploy	ees			ghe	st C			<u> </u>			
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box,	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
											_			
1h	Subtotal								399,605.	1,53	30.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 399,605.	1,53	0. 30.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	SOVe	e) wł	no re	eceived more than \$100	,000 of reportable	э		Yes	2 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual										3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4	х	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or su	uch	pers	son .					5		Х
1	Complete this table for your five highest cor	•	•								pensa	ation f	rom	
	the organization. Report compensation for t (A) Name and business			endi DNE		vith	or w	ithir	n the organization's tax ( <b>B)</b> Description of s		C	(C ompei	<b>;)</b> nsatio	n
	Total number of independent contractors //		ot li	mite	dta	the	00 10			pore then				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•		nite	u 10		se iis )	siec	above, who received ff			Form	<b>990</b> (;	2019)

932008 01-20-20

Ра	rt V	/111							[]
			Check if Schedule O contains a respo	nse	or note to any lir	ie in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a						
Grai		b	Membership dues 1b						
ts, ( Am		с	Fundraising events 1c						
Gifi İlar		d	Related organizations 1d						
ns, Simi			Government grants (contributions) 1e		7,500.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	2,	233,375.				
ntr.		g	Noncash contributions included in lines 1a-1f						
a C		h	Total. Add lines 1a-1f			2,240,875.			
					Business Code				
vice	2	а							
Ser		b							
ver.		с а							
Program Service Revenue		d e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f		<b>&gt;</b>				
	3		Investment income (including dividends, i						
			other similar amounts)			528.			528.
	4		Income from investment of tax-exempt bo						
	5		Royalties		►				
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory <b>7a</b>						
ē		D	Less: cost or other basis						
Revenue		~	and sales expenses   7b     Gain or (loss)   7c						
Sev			Net gain or (loss)						
ъ			Gross income from fundraising events (not	<u> </u>	····· •				
Oth	Ŭ	-	including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising ever	nts	►				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	<u> </u>	►				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	у					
sn		-	OTHER INCOME		Business Code 900099	3,392.	3,392.		
oeu	11		OTUER THCOME		500033	3,394.	5,394.		
slla		b							
Miscellaneous Revenue		c d	All other revenue						
Σ			All other revenue			3,392.			
	12		Total revenue. See instructions			2,244,795.	3,392.	0.	528.
93200						_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Form <b>990</b> (2019)

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THE HONOR FOUNDATION

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Form 990 (2019)

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Part IX Statement of Functional Expenses

THE HONOR FOUNDATION

Jecli	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 605		70 100	01 017
	trustees, and key employees	399,605.	245,506.	72,182.	81,917
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 0 2 6 0 0 4		107 001	
7	Other salaries and wages	1,036,804.	636,982.	187,281.	212,541
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		20 (20		
9	Other employee benefits	27,505.	20,629.	6,876.	11 261
10	Payroll taxes	113,343.	69,614.	21,368.	22,361
11	Fees for services (nonemployees):				
	Management	11 250			
	Legal	11,250.	20 510	11,250.	2 516
	Accounting	28,625.	20,510.	4,599.	3,516
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		20 226		27 /11	1 0.25
	column (A) amount, list line 11g expenses on Sch O.)	39,336.	33,485.	37,411.	1,925 4,342
12	Advertising and promotion	38,017.			4,342
13	Office expenses	12,082. 66,715.	6,504. 66,715.	1,955.	3,043
14	Information technology		00,713.		
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	159,635.	129,681.	5,385.	24,569
19	Conferences, conventions, and meetings	139,033.	129,001.	5,505.	24,309
20					
21	Payments to affiliates	210,332.	208,200.	500.	1,632
22	Depreciation, depletion, and amortization	9,220.	200,200.	9,220.	1,052
23	Insurance	9,220.		9,220.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT SPECIFIC	432,772.	412,585.	1,614.	18,573
a b	FACILITIES AND EQUIPMEN	101,950.	77,104.	15,193.	9,653
b c	STAFFING AND RECRUITING	13,385.	,1010		13,385
d	WORKERS COMPENSATION IN	10,016.	5,656.	2,613.	1,747
	All other expenses	8,408.	2,000	513.	7,895
е 25	Total functional expenses. Add lines 1 through 24e	2,719,000.	1,933,171.	378,150.	407,679
25	Joint costs. Complete this line only if the organization	_,,,000	_,,_,		
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Check here

Form **990** (2019)

13261022 757767 HONO15129398

educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

13261022 757767 HONO15129398 2019.04030 THE HONOR FOUNDATION

## THE HONOR FOUNDATION

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

(A) (B) Beginning of year End of year 1,569,207. 1,329,306. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 51,500. 8,200. Pledges and grants receivable, net 3 3 930. 0. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets 7 273. 0 8 Inventories for sale or use 8 34,166. 29,984. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 706,113. basis. Complete Part VI of Schedule D _____ 10a 367,427. 533,660. 338,686. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 7,957. 87,870. Other assets. See Part IV, line 11 15 15 2,273,151. 1,718,588. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 119,357. 99,818. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 443,121. 382,302. 25 of Schedule D 562,478. 482,120. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,236,365. 1,547,013. Net assets without donor restrictions 27 27 163,660. Net assets with donor restrictions 103. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,710,673. 1,236,468. Total net assets or fund balances 32 32 2,273,151. 1,718,588. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2019)

# Part X Balance Sheet

Form	990	(2019)
	330	(2013)

Form	1990 (2019) THE HONOR FOUNDATION	46	-2952873	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,71	9,0	)00.
3	Revenue less expenses. Subtract line 2 from line 1	3			205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,71	0,6	573.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,23	6,4	168.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	.,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(F	orm	990	or	990-	FZ
	01111	330	UI.	330-	

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection
identification number

OMB No. 1545-0047

Name	of the	organizati	on

Employer	identification numb
4	6-2952873

			HONOR FOUN						6-2952873
Par	tl	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) S	ee instructions.		
The c	rgan	ization is not a private found							
1 [		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2 [		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)							
з [		A hospital or a cooperative					ii).		
4 [		A medical research organiz					,	i <b>ii).</b> Enter	the hospital's name,
		city, and state:	·	,				,	, , , , , , , , , , , , , , , , , , ,
5 [		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted bv a d	overnmental un	nit describ	ped in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go		mental unit described in	section 1	70(h)(1)(A)	(v)		
7	-	An organization that norma						o aonoral	nublic described in
, ,		section 170(b)(1)(A)(vi). (C		andar part of its support	ion a gov	erninenta		s general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Der	+ 11 \				
9						ad in aanii	upotion with a la	and arout	
9 [		An agricultural research org							
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state of t	ne colleg	le or
40	Х	university:		····					
<b>10</b> [	Λ	An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	uired by the org	anization	after June 30, 1975.
[		See section 509(a)(2). (Con	,						
11		An organization organized a	-	•	•				
<b>12</b>		An organization organized a		-	-			•	
		more publicly supported or							Check the box in
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga							
		the supported organization			a majority	of the dire	ctors or trustee	s of the s	supporting
		organization. You must o							
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or manag	e the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second					-	/ integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection	with its supporte	ed organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	equirement and	an attent	iveness
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	, and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II	, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
f	Ente	er the number of supported of	organizations						
g		vide the following information			(				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	ing document?	(v) Amount of n		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
						_			
Total									
	_								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

## Schedule A (Form 990 or 990 EZ) 2019 THE HONOR FOUNDATION

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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 loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					
	tion C. Computation of Publ		-				
	Public support percentage for 2019 (					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	nization
	meets the "facts-and-circumstances"	-	-	• • • •			▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 THE HONOR FOUNDATION

(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.)

Sec	tion A. Public Support							
Calei	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,385,896.	686,281.	1,670,057.	2,611,933.	2,240,875.	9,595,042.	
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	24 500	02 750	88,750.			217 000	
	organization's tax-exempt purpose	34,500.	93,750.	00,750.			217,000.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	2 420 206	780,031.	1 759 907	2 611 022	2 240 975	0 912 042	
	Total. Add lines 1 through 5	2,420,396.	700,031.	1,758,807.	2,611,933.	2,240,875.	9,812,042.	
	Amounts included on lines 1, 2, and	35,000.	27,630.	30,200.	94,115.	189,975.	376,920.	
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	55,000.	27,030.	50,200.	94,115.	109,975.	570,920.	
	amount on line 13 for the year						Ο.	
	Add lines 7a and 7b	35,000.	27,630.	30,200.	94,115.	189,975.	376,920.	
	Public support. (Subtract line 7c from line 6.)						9,435,122.	
Sec	tion B. Total Support							
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	2,420,396.	780,031.	1,758,807.	2,611,933.	2,240,875.	9,812,042.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					528.	528.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b					528.	528.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,367.	12,481.	2,159.		3,392.	21,399.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,423,763.	792,512.	1,760,966.	2,611,933.	2,244,795.	9,833,969.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13, o	olumn (f))		15	95.94 %	
	Public support percentage from 2018					16	97.45 %	
Sec	tion D. Computation of Inves	stment Incom	e Percentage					
	Investment income percentage for 20					17	.01 %	
	Investment income percentage from 2					18	%	
	33 1/3% support tests - 2019. If the							
	more than 33 1/3%, check this box a						► X	
	b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th			▶∟_	
93202	3 09-25-19			15	Sche	edule A (Form 990	or 990-EZ) 2019	

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HON01511

## Schedule A (Form 990 or 990-EZ) 2019 THE HONOR FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## 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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	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 <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	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 <b>Part VI</b> 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		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization (s) that operated, supervised, or controlled the supported organization of a "I" "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		
Sec	tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000	tion D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
•	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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	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 <b>Part VI</b> the role the organization's	2		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a h	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	truction	-	
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	ructions	ŕ – I	Na
2	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	the supported organization(s) to which the organization was responsive in res, then in Part Vildentity 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
		<b>2</b> h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported ergenizations? <i>Provide details in</i> <b>Part VI</b>	2-		
L.	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0Ŀ		
00000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	יד סע	0040
93202	5 09-25-19 Schedule A (Form 9 17	30 01 95	70-EZ)	2019
	<u>→</u> /			

## Schedule A (Form 990 or 990-EZ) 2019 THE HONOR FOUNDATION

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI)

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	1 2		
	3		
	4		
	5		
ed for production or			
t, conservation, or			
of income (see instructions)	6		
	7		
d 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
t-use assets (see			
for part of year):			
	1a		
	1b		
sets	1c		
	1d		
exempt-use assets	2		
	3		
/2% of line 3 (for greater amount,			
	4		
t line 4 from line 3)	5		
	6		
	7		
	8		
			Current Year
ion A, line 8, Column A)	1		
	2		
ection B, line 8, Column A)	3		
	4		
	5		
ine 4, unless subject to			
ions).	6		
	ed for production or at, conservation, or of income (see instructions) ad 7 from line 4) t-use assets (see for part of year): ssets exempt-use assets /2% of line 3 (for greater amount, t line 4 from line 3) (b) tion A, line 8, Column A) ection B, line 8, Column A) ine 4, unless subject to tions). ganization's first as a non-functionall	ed for production or       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	ad for production or       r         it, conservation, or       6         of income (see instructions)       6         id 7 from line 4)       8         id 7 from line 4)       8         (A) Prior Year       (A) Prior Year         t-use assets (see for part of year):       1a         ib

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990 EZ) 2019 THE HONOR FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	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			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

# Schedule A (Form 990 or 990 EZ) 2019 THE HONOR FOUNDATION

Section D, lines (See instruction:	5, 6, and 8; and Part	V, Section E, lines 2, 5	, and 6. Also complet	Part IV, Section B, lines 1 and d 3b; Part V, line 1; Part V, Se te this part for any additional ir	iformation.
					Form 990 or 990-EZ)

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## ** PUBLIC DISCLOSURE COPY **

# **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

46-	295	2873	
<b>- -</b>		20,0	

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### General Rule

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... **>** \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

46-2952873

## THE HONOR FOUNDATION

(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	*       699,996.         *       699,996.         *       Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	\$ 345,560.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	\$ 250,000.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	\$       75,000.         \$       75,000.         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	\$       50,000.         \$       50,000.         (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6.19	\$       50,000.         \$       50,000.         \$       Complete Part II for noncash contributions.)         \$       Schedule B (Form 990, 990-EZ, or 990-PF) (20)
	(b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) Name, address, and ZIP + 4 (c) (c) (c) (c) (c) (c) (c) (c)

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Name of organization

## THE HONOR FOUNDATION

46-2952873

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06		Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

46-2952873

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 13 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 14 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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## THE HONOR FOUNDATION

Name of organization

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Employer identification number

46-2952873

## THE HONOR FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$19,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06		Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

THE HONOR FOUNDATION

Name of organization

Employer identification number

Page 2

46-2952873

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 29 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

## HON01511

13261022 757767 HONO15129398 2019.04030 THE HONOR FOUNDATION

THE HONOR FOUNDATION

Name of organization

Employer identification number

46-2952873

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 32 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 35 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 36 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 27

Name of organization

Employer identification number

46-2952873

## THE HONOR FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$7,866.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$7,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u> 923452 11-06		\$5,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

46-2952873

## THE HONOR FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	· · ·	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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923452 11-06-19

THE HONOR FOUNDATION

Name of organization

Employer identification number

46-2952873

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 52 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

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THE HONOR FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Name of or	rganization			Employer identification number		
тне на	ONOR FOUNDATION			46-2952873		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line ent , charitable, etc., contributions of <b>\$1,000 or</b>	ry For organizations	)) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
-		(e) Transfer of gift	I			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of tr	ansferor to transferee		
		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee		
923454 11-06	6-19	32	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2019)		

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

13261022 757767 HONO15129398

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization ภาษฐานการการการการการการการการการการการการการก	TON	Employer identification number $46-2952873$				
Do	THE HONOR FOUNDATION         46-2952873           Part I         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the						
Pa			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV,	(a) Donor advised funds	(b) Funds and other accounts				
			(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year		a d fe va da				
5	Did the organization inform all donors and donor advisors i	-					
<u> </u>	are the organization's property, subject to the organization						
6	Did the organization inform all grantees, donors, and donor						
	for charitable purposes and not for the benefit of the dono impermissible private benefit?						
Pa		prognization answered "Ves" on Form 990 P					
1	Purpose(s) of conservation easements held by the organiz						
•	Preservation of land for public use (for example, recr	· · · · · · · · · · · · · · · · · · ·	a historically important land area				
	Protection of natural habitat	·	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form o	of a conservation easement on the last				
-	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
с	Number of conservation easements on a certified historic						
	Number of conservation easements included in (c) acquire						
	listed in the National Register	-	2d				
3	Number of conservation easements modified, transferred,		organization during the tax				
	year 🕨						
4	Number of states where property subject to conservation e	easement is located 🕨					
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	s it holds?	Yes 🗌 No				
6	Staff and volunteer hours devoted to monitoring, inspectin	g, handling of violations, and enforcing cons	ervation easements during the year				
	►						
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements during the year				
	►\$						
8	Does each conservation easement reported on line 2(d) ab						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conserva-						
	balance sheet, and include, if applicable, the text of the for	otnote to the organization's financial stateme	ents that describes the				
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures or Ot	ther Similar Assets				
Ia	Complete if the organization answered "Yes" on Fo		iner omnidi Assets.				
10	If the organization elected, as permitted under FASB ASC		nd balanca shoot works				
Ia	of art, historical treasures, or other similar assets held for p						
	service, provide in Part XIII the text of the footnote to its fir	, , ,	•				
h	If the organization elected, as permitted under FASB ASC						
5	art, historical treasures, or other similar assets held for pub						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		• •				
2	If the organization received or held works of art, historical t						
-	the following amounts required to be reported under FASE		J, P. C. 1				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019				
	10-02-19		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

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Sche	dule D (Form 990) 2019 THE HON	OR FOUNDAT	ION				46	-29528	373	Pa	ige <b>2</b>
Pa	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures,	or Other	[.] Similar <i>I</i>	Assets(co	ontinu	ed)	
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	following that	at make sig	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organizat	ion's exem	pt purpose i	in Part XIII.			
5	During the year, did the organization solicit of										,
	to be sold to raise funds rather than to be m							Ye			No
Pa	<b>Escrow and Custodial Arran</b> reported an amount on Form 990, Pa		ete if th	e organizatic	on answered	"Yes" on F	orm 990, Pa	art IV, line 9	), or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	r contributior	ns or other as	ssets not ir	ncluded				
	on Form 990, Part X?							📖 Ye	s		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
								Ame	ount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F										No
	If "Yes," explain the arrangement in Part XIII										
Pa	<b>t V</b> Endowment Funds. Complete										
		(a) Current year	(b) l	Prior year	(c) I wo yea	rs back (c	I) Three years	back (e)	Four y	ears l	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance			<b>4</b> (	-)) In a lat a n						
2	Provide the estimated percentage of the cur			ig, column (a	a)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%%									
C		· -									
30	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation th	at are hold a	und administ	arad for the	organizatio	'n			
Ja	by:		ation th	iat are neiu a			5 Organizatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'es	No
	(i) Unrelated organizations							3	a(i)		110
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization								b b		
4	Describe in Part XIII the intended uses of the								~		
	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part I	V, line 11a. S	See Form 99	0, Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	(d) [	Book	value	)
		basis (investr	ment)		(other)		eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			70	6,113.	3	67,427	•	338	,68	86.
	Add lines 1a through 1e. (Column (d) must e		X, colu	mn (B), line 1	10c.)		►		338		
							Sch	edule D (F	orm	990)	2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►						

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)	
(3)     (4)       (5)     (5)	
(4) (5)	
(5)	
(6) (7)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO HONOR FOR LIFE FOUNDATION	382,302.
(3)		
(4)		
(5)	1	
(6)		
(7)		
(8)		
(9)		
Total.	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	382,302.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 THE HONOR FOUNDATION		46-2952873 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

MANA	AGEME	$\mathbf{NT}$	HAS	CONS	SIDE	RED	ITS	TAX	POSI	TION	AND	BEI	IEVE	S THA	AT A	LL (	OF '	THE
POSI	TION	IS 1	<b>TAKEI</b>	I IN	ITS	EXI	EMPT	ORG	ANIZA	ATION	TAX	REI	URNS	ARE	MOR	RE LI	IKE	LY
THAN	NOT	' T(	) BE	SUST	FAINI	ED T	JPON	EXAN	IINA	CION.	AC	CORI	DINGL	Y, ТН	HE C	RGA	NIZ	ATION
HAS	NOT	ACO	CRUEI	) IN	<b>FERE</b> S	ST (	OR PI	ENALT	TIES	RELA'	red '	το τ	JNCER'	TAIN	ТАХ	C PO	SIT	IONS.

932054 10-02-19

Schedule D (Form 990) 2019

SC	HEDULE J Compensation Information				545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IJ	,		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatio		Employer id					
		THE HONOR FOUNDATION	46-2	95287	3			
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, jaka setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter setter set						
	Travel for com							
	Tax indemnifie							
	Discretionary	ur, chef)						
	If any of the house							
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	ny of the following the exercited used to establish the componentian of the exercitedian	<b>'</b> e					
3		ny, of the following the organization used to establish the compensation of the organization'						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant Compensation survey or study						
	·		ommittoo					
		ther organizations Approval by the board or compensation of	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	•	ce payment or change-of-control payment?		4a		x		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
		ceive payment from, an equity-based compensation arrangement?				X		
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		X		
		ration?				X		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		Х		
		ation?				X		
		pr 6b, describe in Part III.						
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section	n 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forr	n 990	) 2019		

## 46-2952873

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOE MUSSELMAN	(i)	154,245. 1,530.	0.	0.	0.	0.		0.
FORMER CEO/CURRENT DIRECTOR	(ii)	1,530.	0.	0.	0.	0.	1,530.	0.
(2) MATT STEVENS	(i)	185,000.	0.	0.	0.	0.		0.
CEO AND FORMER DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 9 **Open to Public** Inspection

Employer identification number

46-2952873

THE HONOR FOUNDATION

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

CAREERS.

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

FORM 990 IS REVIEWED BEFORE IT IS FILED.

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

BOARD SENDS THE CONFLICT FORM TO EACH BOARD MEMBER AND MONITORS ITS

COMPLETION.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD VOTES ON COMPENSATION AMOUNTS FOR ALL KEY EMPLOYEES.

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

DOCUMENTS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

SCH	EDULE	R

### (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

46-2952873

Department of the Treasury Internal Revenue Service Name of the organization

THE HONOR FOUNDATION

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HONOR FOR LIFE FOUNDATION - 99-9999999							
11055 ROSELLE STREET	KEEP/RAISE HONOR FOR LIFE			TYPE I	THE HONOR		
SAN DIEGO, CA 92121	ENDOWMENT FUNDS	CALIFORNIA	501(C)3	SUPPORTING	FOUNDATION	X	
	-						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 THE	HONOR FOUND	ATION							46-295	28	73	Page <b>2</b>		
Part III Identification of Related Orgonizations treated as a pa	Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j	)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana	ral or iging her?	Percentage ownership		
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes	No			
										+				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont	(i) ction (b)(13) trolled tity?
		country)				233013			No
									$\square$
									$\square$
									$\square$

## Schedule R (Form 990) 2019 THE HONOR FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

N	e Oenerske heed 'S ener entite is heed in Deate II. III. en IV of this enter date			
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			37
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g		1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
о	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) THE HONOR FOR LIFE FOUNDATION	E	382,302.	FMV
_(2)			
(3)			
(4)			
(5)			
_(6)	10		

## Schedule R (Form 990) 2019 THE HONOR FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) ill (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	nal or p nging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2019

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

550	9	9	0
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FORM 91								990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	IT SOFTWARE	12/31/15	SL	3.00		16	14,550.				14,550.	14,550.		٥.	14,550.
3	IT SOFTWARE	05/31/16	SL	3.00		16	41,015.				41,015.	35,319.		5,696.	41,015.
4	IT SOFTWARE	08/31/16	SL	15.00		16	10,000.				10,000.	1,556.		667.	2,223.
5	IT SOFTWARE	01/31/17	SL	3.00		16	85,325.				85,325.	54,513.		28,442.	82,955.
6	SOFTWARE - DATA DASHBOARD	09/30/18	SL	3.00		16	400,932.				400,932.	33,411.		133,644.	167,055.
7	SOFTWARE - VIRTUAL INSTITUTE	09/30/18	SL	3.00		16	67,330.				67,330.	5,610.		22,443.	28,053.
9	2 LAPTOPS	01/03/18	SL	5.00		16	3,373.				3,373.	675.		675.	1,350.
10	APPLIANCES	02/06/18	SL	5.00		16	18,297.				18,297.	3,354.		3,659.	7,013.
11	2 LAPTOPS	07/16/18	SL	5.00		16	2,891.				2,891.	289.		578.	867.
12	2 LAPTOPS	07/31/18	SL	5.00		16	2,439.				2,439.	203.		488.	691.
13	BUILDING LOGO	02/01/18	SL	5.00		16	27,550.				27,550.	5,051.		5,510.	10,561.
14	EXTERIOR SIGNAGE	04/13/18	SL	5.00		16	11,779.				11,779.	1,767.		2,356.	4,123.
15	OFFICE WINDOW COVERINGS	05/09/18	SL	5.00		16	2,465.				2,465.	329.		493.	822.
16	2 LAPTOPS	02/28/18	SL	5.00		16	2,809.				2,809.	468.		562.	1,030.
17	SOFTWARE - DATA DASHBOARD	01/01/19	SL	3.00		16	15,358.				15,358.			5,119.	5,119.
	* TOTAL 990 PAGE 10 DEPR						706,113.				706,113.	157,095.		210,332.	367,427.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						690,755.			٥.	690,755.	157,095.			362,308.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

	FAGE 10				-			390							,
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						15,358.			0.	15,358.	0.			5,119.
	DISPOSITIONS/RETIRED						٥.			0.	0.	٥.			٥.
	ENDING BALANCE						706,113.			0.	706,113.	157,095.			367,427.
	ENDING ACCUM DEPR											367,427.			
	ENDING BOOK VALUE											338,686.			

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone