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.



<u>A</u> F	or th	e 2019 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	MIDIIARI FAMIDI ADVISORI		D Employer identifie	cation number
	Addre chang Name	e NETWORK, INC.			
	chang	e Doing business as		46-31733	37
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			20282141	
	termir ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	471,011.
	Amen return	ALEXANDRIA, VA 22314		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer. DALLENA MCGREW		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$	or 527	1 '	list. (see instructions)
_		te: MILITARYFAMILYADVISORYNETWORK.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2013	State of legal domicile: VA
Pa	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: <u>TO B</u>		AUTHENTIC VO	DICE OF THE
Activities & Governance		MODERN MILITARY FAMILY AND THE BRIDGE THA			
ern	2	Check this box if the organization discontinued its operations or disposed by the second			ets. 7
200	3				7
ه ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		267,029.	471,011.
anc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	267,029.	471,011.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,857.	327,544.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 34,8	25.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		201,221.	188,576.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		265,078.	516,120.
	19	Revenue less expenses. Subtract line 18 from line 12		1,951.	-45,109.
s or			Be	ginning of Current Year	End of Year
Assets (d Balanc	20	Total assets (Part X, line 16)		241,249.	218,044.
t As		Total liabilities (Part X, line 26)		2,307.	24,211.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		238,942.	193,833.

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	Signature of officer			Date
Here		CUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOAN RENNER, CPA	JOAN RENNER, CPA		self-employed P00456765
Preparer	Firm's name 🕒 RENNER AND COMPA	NY CPA, P.C.		Firm's EIN ▶ 54-1498950
Use Only	Firm's address 🖕 700 NORTH FAIRFA	X STREET SUITE 400		
	ALEXANDRIA, VA 2			Phone no. (703) 535-1200
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		Yes No
932001 01-2	D-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2019)
~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

m 990 (2019) MILITARY FAMILY ADVISORY	46-3173337 _P	D
m 990 (2019) NETWORK , INC. art III Statement of Program Service Accomplishments	40-31/333/ P	Page
Check if Schedule O contains a response or note to any line in this Part III		X
Briefly describe the organization's mission:		
SEE SCHEDULE O.		
Did the organization undertake any significant program services during the year which were not listed o		
prior Form 990 or 990-EZ?	Yes 🛛	XN
If "Yes," describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?Yes 🏹	XN
If "Yes," describe these changes on Schedule O.		
Describe the organization's program service accomplishments for each of its three largest program service	rices, as measured by expenses.	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, and	
revenue, if any, for each program service reported.		
(Code:) (Expenses \$90, 559. including grants of \$) (Revenue \$	
CONNECTING MILITARY FAMILIES TO RESOURCES: MFAN DEVE		AT
CONNECT MILITARY FAMILIES TO IMPACT-DRIVEN THROUGH S		
INTERACTIVE PROGRAMS. OUR HALLMARK PROGRAMS INCLUDE		
FINANCIAL EDUCATION SOCIAL LEARNING PROGRAM; MILYOU,		<u> </u>
LEARNING PROGRAM; AND MILMAP, A USER-GENERATED RESOU	RCE LOCATOR.	
(Code:) (Expenses \$99,463. including grants of \$) (Revenue \$	
UNDERSTANDING THE NEEDS OF MODERN MILITARY FAMILIES:		
ADVISORY BOARD, A READ-MADE FOCUS GROUP, WHICH CONSI		
SPOUSES WHO REPRESENT THE DIVERSITY OF MODERN MILITA		
HAS BECOME KNOWN AS THE CONVENER IN THE SPACE AND HA		SE.
COALITIONS TO ADDRESS KEY ISSUES: THE MILITARY FAMIL		-
READINESS COALITION, WHICH BRINGS BOTH PUBLIC AND PE		
COMMITTED TO THE FINANCIAL WELLNESS AND STABILITY OF		5;
THE MILITARY HOUSING ROUNDTABLE BRINGS KEY STAKEHOLD	•	
BOTH PUBLIC AND PRIVATE SECTORS, TO ENSURE MILITARY		
FAMILIES HAVE ACCESS TO HEALTHY, SAFE, AND AFFORDABI		
IN ALL COMMUNITIES; THE MILITARY FAMILY FOOD INSECUE		
CONVENES LEADING EXPERTS AND VOICES ACROSS THE MILIT		
(Code:) (Expenses \$ 222,255. including grants of \$		
RESEARCH AND PROGRAM EVALUATION: IN ORDER TO DEVELOP		
DRIVE MEANINGFUL IMPACT AND BETTER INFORM LAWMAKERS,	-	
DECISION-MAKERS AND COMMUNITIES, WE MUST FIRST UNDER		
FAMILIES' CURRENT NEEDS. MFAN LEVERAGES ITS INTERNAL		· T
LISTEN TO FAMILIES' STORIES AND EXPERIENCES IN THEIF		1
RIGOROUS QUALITATIVE RESEARCH. THIS EVIDENCE-BASED I		
GATHERING SUPPLEMENTS THE QUANTITATIVE RESEARCH CONI		r
DEPARTMENT OF DEFENSE AND OTHER RESEARCH ORGANIZATIO		
WAY, AS LEARNING ABOUT MILITARY FAMILIES' NEEDS IN T		5
BEEN THE MOST EFFECTIVE WAY TO PROVIDE A FULLER PICT	URE OF THE	
REALITIES FACED BY MILITARY FAMILIES.		
Other program services (Describe on Schedule O.)	Υ.	
(Expenses \$ including grants of \$) (Revenue \$ ■ Total program service expenses ► 412,277.)	
e Total program service expenses ► 412,277.	Form 990	0.000
	Form 330	e (201
DO2 01-20-20 SEE SCHEDULE O FOR CONTINUAT	ION(S)	

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Part IV	Check	dist of Required Scheo	dules	
Form 990 (2		NETWORK,		
		MILITARY	FAMILY	ADVISORY

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			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u>
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		<u> </u>
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,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "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		X
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
932003	01-20-20	Form	AAO ((2019)

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MILITARY FAMILY ADVISORY

NETWORK, INC.

Form 990 (2019)

Pa	rt 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		X
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
	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		
	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	05.		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	0.51		х
00	Schedule L, Part I	25b		л
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%	26		х
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		- 23
27				
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		21
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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		Х
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
b	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?			
De	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	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (aambling) winnings to prize winners?	4.	х	
02000	(gambling) winnings to prize winners?	Form	<u> </u>	(2010)
302004		1 0111		(––––––––––––––––––––––––––––––––––––––

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Form	990 (2019) NETWORK, INC. 46-3173	<u>337</u>	P	_{age} 5
Par	TV 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,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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	7-		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		x
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			- 23
0		8		х
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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.			

Form **990** (2019)

932005 01-20-20

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

Form 990 (2019)

46-3173337 NETWORK, INC.

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. X

		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	•	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		····· —		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10k		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	Yes," describe			
40	in Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?				x
14	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 approva	a by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	X	
	The organization's CEO, Executive Director, or top management official				
b	Other officers or key employees of the organization		15k	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent teaching the use 2				v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
200	exempt status with respect to such arrangements?		16k		
	tion C. Disclosure			~~~	
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL, AK, AZ, AR, C				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 50	1(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain)	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and 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 boo DALENA MCGREW - 2028214195	oks and records			
	22015 W. 66TH STREET BOX 860635, SHAWNEE, KS 66286	5			
	S 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES				(201

Page 6

MILITARY	FAMILY	ADVISORY
NETWORK,	INC.	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

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

• List all of the organization's current key employees, if any. See 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 Т

(A) Name and title	(B) Average		not c	Pos heck	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated signal, so the structure s	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ERIN WARD	4.00									
CHAIRMAN		Х		X				0.	0.	0.
(2) KEVIN MILLER	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) JACK BENSON	1.00	.,								
DIRECTOR	1 00	Х				-		0.	0.	0.
(4) JOSEPH KOPSER DIRECTOR	1.00	x						0.	0.	0.
(5) RORY BROSIUS	1.00	<u> </u>				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(6) ROSEMARY WILLIAMS	1.00									
DIRECTOR		x						0.	0.	0.
(7) TAMMY MOORE	1.00									
DIRECTOR		х						0.	0.	0.
(8) SHANNON RAZSADIN	40.00									
EXECUTIVE DIRECTOR				Х				100,000.	0.	0.
(9) DALENA MCGREW	40.00	_								
DIRECTOR OF FINANCE AND OPERATIONS				X		-		58,222.	0.	0.
		-								
		-								
		-				$\left \right $				
		-								
932007 01-20-20						1				Form 990 (2019)

Form 990 (2019)

15291001 783690 190071.001

	MILITARY		AI	VI	SO	RY				46.2	1 1 2 2 1	200		•
	990 (2019) NETWORK ,		-				-			46-33	173:	337	P	age 8
I al	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) (B) Average hours per week	B) (C) (D) (E) rrage Position (do not check more than one box, unless person is both an compensation compensation			(C)(D)Position check more than one ess person is both an ud a direct/truttenReportable compensationR			(E) Reportable compensatio	on	an	(F) timate 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)	from related organizations (W-2/1099-MISC		com fr orga and	pensa om th anizat d relat nizati	e ion ed
			-											
			-											
			-											
			-											
									150.000					
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							158,222. 0. 158,222.		0.0.			0. 0. 0.
2	Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	-		•	•							0		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		<u></u>
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		х
Sec	tion B. Independent Contractors			0/ 30		20/3						-		
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensat	ion fro	m	
	(A) Name and business							<u>u m</u>	(B) Description of s		C	(C omper		n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	niteo	d to f	thos (ted	above) who received mo	ore than				
							-			I		Form	990 (;	2019)

932008 01-20-20

	990 (2				IC.				46-3173	337 Page
Par	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ins a respo	onse c	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclude
								function revenue	business revenue	from tax under sections 512 - 51
										Sections 512 - 5
s s	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
ŽĔ	с	Fundraising events								
S A		Related organizations								
5 le										
s, ig		Government grants (contr								
<u> </u>	f	All other contributions, gifts,	grants	s, and						
contributions, Girts, Grants and Other Similar Amounts		similar amounts not included	d abov	e 1f		<u>471,011.</u>				
<u>j</u> Ó	g	Noncash contributions included in	lines 1	a-1f 1g S	\$					
	-	Total. Add lines 1a-1f					471,011.			
<i>.</i>						Business Code				
						Business Code				
3	2 a									
	b									
3 ă	с									
ve	d									
Be	-									
5	е									
•		All other program service								
	g	Total. Add lines 2a-2f				🕨				
	3	Investment income (includ	ding c	lividends, i	nteres	st, and				
		other similar amounts)	-							
	4	Income from investment of								
	4			•		· · ·				
	5	Royalties	·······							
				(i) Rea	l	(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss	s)		<u></u>	🕨				
	7 a	Gross amount from sales of		(i) Securit	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ъ		and sales expenses	7b							
Ď										
evenue		Gain or (loss)	7c							
ř	d	Net gain or (loss)				🕨				
Other	8 a	Gross income from fundraisi	ing eve	ents (not						
5		including \$		of						
Ŭ		contributions reported on								
				,						
		Part IV, line 18								
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fundr	aising ever	nts	🕨				
	9 a	Gross income from gamin	na act	ivities. See						
		Part IV, line 19								
		Less: direct expenses								
	С	Net income or (loss) from	gami	ng activitie	s	🕨				
	10 a	Gross sales of inventory, I	less r	eturns						
		and allowances			10a					
	h									
		Less: cost of goods sold								
	С	Net income or (loss) from	sales	of invento	ry					
_						Business Code				
3	11 a									
ne										
/enue	b									
Sevenue	b c									
viscellaneous Revenue	b c d	All other revenue								
Miscellaneous Revenue	b c d									
	b c d	All other revenue				►	471,011.	0.	0.	0

9

MILITARY FAMILY ADVISORY Form 990 (2019) NETWORK, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
	trustees, and key employees	158,223.	131,407.	15,373.	11,443.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	141,397.	117,434.	13,738.	10,225.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,650.	1,872.	1,150.	628.
10	Payroll taxes	24,274.	20,186.	2,227.	1,861.
11	Fees for services (nonemployees):				
а	Management	3,209.		3,209.	
b		45.		45.	
с	Accounting	16,810.		16,810.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	43,228.	38,471.	4,757.	
12	Advertising and promotion	18,818.	18,071.	747.	
13	Office expenses	2,502.	2,079.	423.	
14	Information technology	23,112.	19,705.	1,972.	1,435.
15	Royalties				
16	Occupancy				
17	Travel	58,724.	49,892.	4,617.	4,215.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,795.	9,002.	1,848.	945.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,188.	943.	578.	667.
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	PRINTING	3,505.	2,757.	748.	
b	LICENSING & REGISTRATIO	2,827.		31.	2,796.
с	BANK CHARGE	645.		645.	
d	DUES & SUBSCRIPTIONS	385.		95.	290.
е	All other expenses	783.	458.	5.	320.
25	Total functional expenses. Add lines 1 through 24e	516,120.	412,277.	69,018.	34,825.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

Form **990** (2019)

MILITARY	FAMILY	ADVISORY
NETWORK,	INC.	

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	241,249.	1	159,869
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	36,00
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	22,17
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	241,249.	16	218,04
17	Accounts payable and accrued expenses		17	24,21
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		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,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2,307.		
26	Total liabilities. Add lines 17 through 25	2,307.	26	24,21
	Organizations that follow FASB ASC 958, check here \blacktriangleright X			
	and complete lines 27, 28, 32, and 33.			100.00
27	Net assets without donor restrictions	238,942.	27	123,83
28	Net assets with donor restrictions		28	70,00
	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	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	238,942.	32	193,83
33	Total liabilities and net assets/fund balances	241,249.	33	218,04

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MILITARY	(FAMILY	ADVISORY	
NETWORK ,	, INC.		

	990 (2019) NETWORK, INC.	46-317	3337	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	471		
2	Total expenses (must equal Part IX, column (A), line 25)	2	516		
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	238	3,94	<u>12.</u>
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	193	8,83	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A	r	Dublic C	harity Status	and Duk	alia Gu	unnart		OMB No. 1545-0047
(Form 990 or 990-EZ)			harity Status					2010
	Col	mplete if the c	rganization is a section 4947(a)(1) nonexem			or a section		2019
Department of the Treasury			Attach to Form 99	0 or Form 990-	EZ.			Open to Public
Internal Revenue Service			s.gov/Form990 for ins		ne latest ir			Inspection
Name of the organizati			ILY ADVISOR	Y				identification number
Part I Reason		ORK, INC Charity Statu	JS (All organizations n	ust complete th	uis nart) Se	e instructions		6-3173337
The organization is not a								
			ciation of churches des			()(A)(i)		
			(ii). (Attach Schedule E			•,~,'}•		
			organization describe	-		ii).		
	-	-	n conjunction with a ho			-	(iii). Enter	the hospital's name,
city, and stat	e:							
5 🗌 An organizati	on operated for	r the benefit of	a college or university	owned or operat	ed by a go	overnmental un	it describe	ed in
section 170	(b)(1)(A)(iv). (Co	omplete Part II	.)					
	te, or local gove	ernment or gov	vernmental unit describ	ed in section 1	70(b)(1)(A)	(v).		
			bstantial part of its sup	port from a gov	ernmental	unit or from the	e general p	oublic described in
	b)(1)(A)(vi). (Co	•						
			70(b)(1)(A)(vi). (Comple	-	ad in aanii	upotion with a l	and grant	
	•		ibed in section 170(b) agriculture (see instruc				•	
university:	or a non-land-gr	rant college of	agriculture (see instruc	tions). Enter the	name, ory	, and state of t	ne college	0
· · -	on that normal	lv receives: (1)	more than 33 1/3% of i	s support from	contributio	ns. membersh	ip fees. an	d aross receipts from
			ubject to certain excep					
income and u	Inrelated busine	ess taxable inc	ome (less section 511	ax) from busine	sses acqui	red by the orga	anization a	fter June 30, 1975.
See section	509(a)(2). (Com	nplete Part III.)						
11 An organizati	on organized a	nd operated ex	clusively to test for pul	olic safety. See	section 50	09(a)(4).		
-	-	-	clusively for the benefi				•	-
			cribed in section 509(Check the box in
	-	-	pe of supporting orgar		-		-	
		-	ed, supervised, or cont		-			
	0	., .	to regularly appoint or · V, Sections A and B.	elect a majority t			s or the su	pporting
<u> </u>		•	vised or controlled in co	onnection with it	s supporte	d organization	(s) by hav	ina
			organization vested in			•		-
	-		t IV, Sections A and C	-		5		
c 🗌 Type III fui	nctionally integ	grated. A supp	orting organization ope	erated in connec	tion with, a	and functionally	y integrate	d with,
its support	ed organization	ı(s) (see instruc	tions). You must com	plete Part IV, Se	ections A,	D, and E.		
d 🔄 Type III no	n-functionally	integrated. A	supporting organizatio	n operated in co	nnection w	vith its support	ed organiz	ation(s)
	•	•	ganization generally m			•	an attentiv	eness
			t complete Part IV, Se					
	•		ed a written determinat			Type I, Type II	, Type III	
f Enter the number		·	nctionally integrated su					
	••	•	ported organization(s).					
(i) Name of supp	orted	(ii) EIN	(iii) Type of organiz	in your govern	anization listed ing document?	(v) Amount of		(vi) Amount of other
organizatior	1		(described on lines above (see instruct		No	support (see ins	structions)	support (see instructions)
Total								
LHA For Paperwork Re	duction Act No	otice, see the	Instructions for Form	990 or 990-EZ.	932021 09-	25-19 Sched	ule A (For	m 990 or 990-EZ) 2019

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

Δ	(Form 990 or 990-E	7) 2019	NETWORK.	TNC.
1	(FOULD 330 OF 330-6	2019	MILLWOILL,	TTIC .

Schedule /

Part II

46-3173

46-3173337 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	97,500.	92,500.	220,000.	267,029.	471,011.	1148040.
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	97,500.	92,500.	220,000.	267,029.	471,011.	1148040.
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)						
	Public support. Subtract line 5 from line 4.						1148040.
	ction B. Total Support			F	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	97,500.	92,500.	220,000.	267,029.	471,011.	1148040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						1140040
	Total support. Add lines 7 through 10						1148040.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-			-		X
Sec	organization, check this box and stor ction C. Computation of Publi	<u>o nere</u> ic Support Per	centage				
				olump (f))		14	0/
	Public support percentage for 2019 (I Public support percentage from 2018		•			15	<u>%</u> %
	33 1/3% support test - 2019. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o		-		line 15 is 33 1/3%		
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•			•	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	•					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			-	• • • •		
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Schedule A (Form 990 or 990-EZ) 2019 NETWORK, INC.

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

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

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	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 amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	janization,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018		1			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
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Schedule A (Form 990 or 990-EZ) 2019 NETWORK ,

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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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

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1

2

Yes No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly controls, either alone or together with persons described in (b) and (c) betw. The operating days of a supported organization? 1 0 A main member of a person described in (d) allow?	Sche	dule A (Form 990 or 990-EZ) 2019 NETWORK , INC .	46-317333	7 Ра	age 5
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	-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025 09-25-19 Schedule A (Form 990 or 990-EZ) 2019	932025		•	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 NETWORK , Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 Net short-term capital gain 1 2 Recoveries of priory-vear distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 7 Other expenses (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions) for short axy ear or assets held for part of year): 1a a Average monthly value of securities 1a 1a b Average monthly cash balances 1b 1d c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 1d	Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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• Order Hold for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). • • See instructions). • • Net value of non-exempt-use assets (subtract line 4 from line 3) • • Multiply line 5 by .035. • • Multiply line 5 by .035. • • Recoveries of prior-year distributions 7 • Minimum Asset Amount (add line 7 to line 6) • • Adjusted net income for prior year (from Section A, line 8, Column A) 1 • Enter 85% of line 1. • • Minimum asset amount for prior year (from Section B, line 8, Column A) 1 • Enter greater of line 2 or line 3. • • Enter greater of line 2 or line 3. • • Enter greater of line 2 or line 3. • • Enter at imposed in prior year • • Income tax imposed in prior year • • Distributable Amount. •	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by .035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Current Year1Adjusted net income for prior year (from Section A, line 8, Column A)12Enter 85% of line 1.23Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount.Subtract line 5 from line 4, unless subject to	3	Subtract line 2 from line 1d.	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6		see instructions).	4		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount 8 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	6	Multiply line 5 by .035.	6		
Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	Sect	ion C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 4	2	Enter 85% of line 1.	2		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	4	Enter greater of line 2 or line 3.	4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions). 6	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

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	dule A (Form 990 or 990-EZ) 2019 NETWORK, INC.			46-3173337	Page 7	
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)			
Secti	on D - Distributions			Current Ye	ar	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	_		
_4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	I	I			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributab Amount for 2		
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: \$					
a	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 Part VI. 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:					
a	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
e	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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		MILITARY		ADVISORY			
Schedule A	(Form 990 or 990-EZ) 2019	DIETWORK,	INC.		46	-3173337	Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9 IV, Section E, li	c, 11a, 11b, and 11c; Par nes 1c, 2a, 2b, 3a, and 3t	10; Part II, line 17a or 17b; t IV, Section B, lines 1 and 2 o; Part V, line 1; Part V, Sect is part for any additional info	?; Part IV, Section ion B, line 1e; Pa	C, rt V,
	(See instructions.)						
932028 09-25-	19				Schedule A (F	orm 990 or 990-l	EZ) 2019
				20			

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

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INA	ne	UI U	ie (Jiya	IIIZali	UII

* *	PUBLIC	DISCLOSURE	COPY	*
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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

46-3173337

MILITARY	FAMILY	ADVISORY
NETWORK,	INC.	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
		Emp	ployer identification number
	ARY FAMILY ADVISORY RK, INC.		16-3173337
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	· · · · · · · · · · · · · · · · · · ·	
	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(C) Total contributions	(a) Type of contribution
1		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$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
4_		\$37,500.	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
5		\$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
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

923452 11-06-19

	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of or	ganization ARY FAMILY ADVISORY	En	nployer identification number
	RK, INC.		46-3173337
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$9,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

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

923452 11-06-19

Schedule E Name of or	8 (Form 990, 990-EZ, or 990-PF) (2019)		Page Employer identification number
MILITZ	ARY FAMILY ADVISORY RK, INC.		46-3173337
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
923453 11-06-		\$Schedule	 B (Form 990, 990-EZ, or 990-PF) (201

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 24 2019.04030 MILITARY FAMILY ADVISORY 190071.1

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	
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Name of or				Employer identification number				
	ARY FAMILY ADVISORY RK, INC.			46-3173337				
Part III	Exclusively religious, charitable, etc., contrib			01(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,	000 or less for t	rganizations he year. (Enter this info. once.) *				
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
`from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
		(e) Transfer	of gift					
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee				
Γ								
		·						
		·						
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
Part I								
		.						
	(e) Transfer of gift							
ŀ	Transferee's name, address,		K	elationship of transferor to transferee				
		.						
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		·						
ŀ		(e) Transfer	of aift					
		(e) transier	orgin					
ŀ	Transferee's name, address,	and ZIP + 4	R	Relationship of transferor to transferee				
(a) No.		<u> </u>						
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
		·						
		(e) Transfer	of gift					
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee				
ſ				·				
		·						
923454 11-06-	-19			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				

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			al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU 19
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
	Internal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization MILITARY FAMILY ADVISORY				identification number
Mann	NETWORK, INC.				6-3173337
Par	t I Organiza		ed Funds or Other Similar Funds or Ac		
	organization	n answered "Yes" on Form 990, Part IV, li	ne 6.		
			(a) Donor advised funds	b) Funds an	d other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fund		
6			exclusive legal control?		Yes No
6	•	e	advisors in writing that grant funds can be used o or donor advisor, or for any other purpose conferr		
			or donor advisor, or for any other purpose conten	•	Yes No
Par			ganization answered "Yes" on Form 990, Part IV,		
1		ervation easements held by the organizat			
		of land for public use (for example, recrea		prically impo	tant land area
		f natural habitat	Preservation of a certi		
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qual	ified conservation contribution in the form of a co	nservation e	asement on the last
	day of the tax year	:		Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•	•		2b	
С	Number of conserv	vation easements on a certified historic st	ructure included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
-				2d	
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the organi	zation during	g the tax
4	year	where property subject to conservation ea	coment is located		
4 5			priodic monitoring, inspection, handling of		
5		orcement of the conservation easements			Yes No
6			, handling of violations, and enforcing conservation		
•	•		,		
7	Amount of expense	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	sements dur	ing the year
	▶\$				
8	Does each conserv	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservat	ion easements in its revenue and expense statem	ent and	
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statements the	at describes	the
Det		ounting for conservation easements.	f Aut Historical Tracewas, or Other C	initer Ae	
Par		-	f Art, Historical Treasures, or Other S	imilar As	sets.
		the organization answered "Yes" on Form			
а	•		58, not to report in its revenue statement and bala		
			blic exhibition, education, or research in furtherar	ice of public	
b	· •		ncial statements that describes these items. 58, to report in its revenue statement and balance	shoot work	e of
D			c exhibition, education, or research in furtherance		
		ng amounts relating to these items:			
	-	• •		▶ \$	
				► \$	
2	. ,		easures, or other similar assets for financial gain, I	· ·	
		unts required to be reported under FASB A			
а	-		-	▶ \$	
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 990) 2019
932051	10-02-19				
			26		

	MILITAR	Y FAMILY A	DVIS	ORY					
	dule D (Form 990) 2019 NETWORK							73337	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, or Oth	er Si	nilar Asset	continue)	ed)
3	Using the organization's acquisition, accessi	on, and other recor	ds, checł	k any of the f	ollowing that make	e signifi	cant use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🛄	Loan or exc	hange program				
b	Scholarly research		e 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	e organization's e	kempt p	ourpose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or other simi	lar asse	ets	_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		olete if the	e organizatio	n answered "Yes"	on Forr	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contributions	s or other assets no	ot inclu	ded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII					_			
								Amount	
с	Beginning balance					L	1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			
Par									
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		Prior year	(c) Two years back		hree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
Ū	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balan	 co (lino 1/	a column (a)) held as:				
	Board designated or quasi-endowment	ent year end balan	% w	g, column (a)	iji neiu as.				
a h		%	70						
0		⁷⁰							
C									
2-	The percentages on lines 2a, 2b, and 2c sho	-	ation the	t are hold an	d administered for	the er	renization		
38	Are there endowment funds not in the posse	ssion of the organiz	ation that	it are neio ar	id administered for	the org	Janization		
	by:								<u>es No</u>
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
-	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment 1	runds.					
T ai				/ l'as 11 - 0		V. P.	10		
	Complete if the organization answere							() = .	
	Description of property	(a) Cost or		• •			nulated	(d) Book v	/alue
		basis (invest	uneni)	Sizeu	(other)	depreci	aliun		
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Par</u>	<u>t X. colun</u>	nn (B), line 1	0c.)				0.
							Schedule	D (Form 9	990) 2019

MILITARY	FAMILY	ADVISORY
NETWORK,	INC.	

Part VII Investments - Other Securities.

Schedule D (Form 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.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	
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) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

X

932053 10-02-19

(9)

	MILITARY FAMILY ADVISORY				
Sche	dule D (Form 990) 2019 NETWORK , INC .			46-3	3173337 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
1	Total revenue, gains, and other support per audited financial statements			1	1,131,131.
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	660,120.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	660,120.
3	Subtract line 2e from line 1			3	471,011.
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				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		F	5	471,011.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per F	teturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1 100 040
1	Total expenses and losses per audited financial statements			1	1,176,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	CC0 100		
а	Donated services and use of facilities		660,120.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				CC0 100
е	Add lines 2a through 2d			2e	660,120.
3	Subtract line 2e from line 1			3	516,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	516,120.
Pa	rt 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:

MFAN ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. MFAN						
EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE						
MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. ADDITIONALLY,						
MFAN CONCLUDED THAT NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO						
THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE						
WERE TAKEN. MFAN'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY						
FEDERAL, STATE AND LOCAL AUTHORITIES.						

932054 10-02-19

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.



46-3173337

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

MILITARY FAMILY ADVISORY

INC.

FAMILIES TO THE RESOURCES, PEOPLE, AND INFORMATION THEY DEPEND ON TO

SUCCESSFULLY NAVIGATE ALL PHASES OF MILITARY LIFE.

NETWORK,

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY AS WELL AS ORGANIZATIONS WHOSE MISSION IS TO COMBAT HUNGER IN

ORDER TO ALLOWS US TO UNDERSTAND AND COMBAT THE ROOT CAUSES OF MILITARY

FAMILY HUNGER AND CREATE A SOLUTION THAT CAN BE SCALED NATIONALLY.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES MAINTAINED AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, EXECUTIVE

DIRECTOR AND THE SENIOR DIRECTOR OF FINANCE AND OPERATIONS PRIOR TO FILING.

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

ENFORCEMENT OF CONFLICTS POLICY - MINOR POTENTIAL CONFLICT OF INTEREST

ISSUES ARE ROUTINELY ADDRESSED IN BOARD MEETINGS, IN THE HANDLING OF THESE

MATTERS BOARD MEMBERS DEMONSTRATE THEIR AWARENESS OF POLICY, SENSITVITY AND

THEIR DEGREE OF TOLERANCE FOR THE HANDLING OF CONFLICT OF INTEREST MATTERS.

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

ALL COMPENSATION AMOUNTS ARE REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS.

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)

190071.1

Schedule O (Form 990 or 990 EZ) (2019) Page 2								
Name of the organization	Employer identification number 46-3173337							
	NETWORK, INC.							
FORM 990, PAR	Y VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:						

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

COPIES OF ORGANIZATIONAL DOCUMENTS, THE APPLICATION FOR EXEMPTION, AND FORM

990 ARE MADE AVAILABLE UPON REQUEST AND ARE ALSO POSTED ON THEIR WEBSITE.

FORM 990, PART III LINE 1

MILITARY FAMILY ADVISORY NETWORK IS DEDICATED TO BUILDING A COMMUNITY OF MILITARY AND VETERAN FAMILIES, AT HOME AND ABROAD, WHO ARE WELL INFORMED ABOUT IMPORTANT RESOURCES DESIGNED TO SERVE THEM, EQUIPPED WITH TOOLS FOR SUCCESS, CONNECTED TO LEADERS WHO SERVE THE MILITARY FAMILY COMMUNITY, AND EMBRACED BY THE GENERAL PUBLIC. WE TRANSLATE THE NEEDS OF MILITARY AND VETERAN FAMILIES IN A WAY THAT SERVICE PROVIDERS CAN UNDERSTAND AND TRANSLATE SERVICES THAT SPEAK COHERENTLY TO OUR FAMILIES. WE CONVENE LEADERS AND INFLUENCERS WITHIN THE MILITARY FAMILY COMMUNITY WHO, THROUGH COLLABORATION WITH OUTSIDE ORGANIZATIONS AND EFFECTIVE COMMUNICATIONS, ELEVATE AND AMPLIFY THE VOICE OF MILITARY AND VETERAN FAMILIES EVERYWHERE.

932212 09-06-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	MILITARY FAMILY ADVISORY NETWORK, INC.				Taxpayer identification number (TIN) $46 - 3173337$		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1321 DUKE STREET	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22314	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1	
Application			Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL			Form 1041-A			08	
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 990-PF			Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870			Form 8870			12	
 The books are in the care of ▶ 22015 W. 66TH STREET BOX 860635 - SHAWNEE, KS 66286 Telephone No. ▶ 2028214195 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						-	
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						-	
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct deb	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	-EO for payment	
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)							