Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	A For the 2018 calendar year, or tax year beginning and ending									
B	Check applica	if ıbla:	C Name of organization	D Employer identification number						
		ress change								
	Nan	ne change	PTSD FOUNDATION		83-0873145					
	X Initia	ai return	Number and street (or P.O. box, if mail is not delivered to street address)	Room	າ/suite I	E Telephone number				
Ē	Fina	il return/ ninated	P.O. BOX 1778	2104861639						
	Ame	ended return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption						
Ē	Acoli	cation pending	CANYON LAKE, TX 78133	Number >						
G		nting Meth				H Check	if the organization is			
			WW.BIRDWELLFOUNDATION.ORG/	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		not required to attach Schedule B				
				7(a)(1) or	527	·				
		of organiza	parties and the second			.,	audio con la constitución de la			
		_	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets	(Part II,					
	colum	n (B)) are \$	3500,000 or more, file Form 990 instead of Form 990-EZ			>	\$ 104,175 .			
	art I		sou, and or more, the Form 990 instead of Form 990-EZ Enue, Expenses, and Changes in Net Assets or Fund Balanc	ces (see th	e instruc	tions for P	art I)			
		Check	if the organization used Schedule O to respond to any question in this Part I		*****		X			
***************************************	1		ions, gifts, grants, and similar amounts received				104,175.			
	2		service revenue including government fees and contracts			1				
	3		hip dues and assessments							
	4		nt income							
	5a	Gross am	ount from sale of assets other than inventory 5a							
	b		t or other basis and sales expenses 5b							
	6		te 4 e 1 25 54 7 3 20% KI 137 (92 e 17 pr. t			5c				
	6		nd fundraising events:							
•	a		ome from gaming (attach Schedule G if greater than	0.000						
ž		\$15,000)	6a							
Revenue	Ь	Gross inc	ome from fundraising events (not including \$ of contri	ibutions						
ď			Iraising events reported on line 1) (attach Schedule G if the sum of such							
			ome and contributions exceeds \$15,000) 6b							
	C		ct expenses from gaming and fundraising events 6c				AA500			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6	6c)		6d				
	7a		es of inventory, less returns and allowances 7a	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	b		t of goods sold 7b							
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8	Other reve	enue (describe in Schedule O)	8						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,175.					
	10		d similar amounts paid (list in Schedule O)			10				
	11		aid to or for members							
	12		other compensation, and employee benefits	12	13,945.					
ŝ	13		nal fees and other payments to independent contractors	, - , - , - , - , - , - , - , - , - , -	17,188.					
Expenses	14		y, rent, utilities, and maintenance							
ĭ	15	Printing, p	ublications, postage, and shipping	,		15				
	16		enses (describe in Schedule 0) SEE SCH	HEDULE	0	16	51,458.			
	17		enses. Add lines 10 through 16			▶ 17	82,591.			
-	18		(deficit) for the year (Subtract line 17 from line 9)		21,584.					
e S	19		or fund balances at beginning of year (from line 27, column (A))			30.0				
Net Assets			ee with end-of-year figure reported on prior year's return)			19	0.			
	20		nges in net assets or fund balances (explain in Schedule 0)				0.			
	21		or fund balances at end of year. Combine lines 18 through 20			≥ 21	21,584.			

Check if the organization used Schedule O to	,	n in this Part II		**********	X	
		(A) Beginning of year		(B)	End of year	
22 Cash, savings, and investments		0	. 22		67,327.	
23 Land and buildings			23			
24 Other assets (describe in Schedule 0)			24			
25 Total assets	<u> </u>	0			67,327.	
26 Total liabilities (describe in Schedule 0) SEE SCHEDUL		0			45,743.	
27 Net assets or fund balances (line 27 of column (B) must agree with li Part III Statement of Program Service Accomplish	hments (coo the instruct	one for Part III)	. 27		21,584.	
Check if the organization used Schedule O to	•	•	X		xpenses I for section	
What is the organization's primary exempt purpose? SEE SCHEDUL		im mo Fait m	LAI	501(c)(3)	and 501(c)(4)	
- ' ' ' ' '		lddt		organizati others.)	ions; optional for	
Describe the organization's program service accomplishments for each of its three largest pr manner, describe the services provided, the number of persons benefited, and other relevant		, in a clear and concise		,		
28 SEE SCHEDULE O				T	***************************************	
	t til til til til som som kantan kommunika som					
(Grants \$) If this amount includes for	reign grants, check here	>		28a		
29						
(Grants \$) If this amount includes for				00-		
Grants \$) If this amount includes for	reign grants, check here			29a		
MERCHANICATION AND AND AND AND AND AND AND AND AND AN	**************************************					
(Grants \$) If this amount includes for	reign grants, check here			30a		
	acadele subtrace accommon acco					
· · · · · · · · · · · · · · · · · · ·	reign grants, check here			31a		
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ko			. 🌬	32	0.	
			ee the ir	nstructions fo	r Part IV)	
Check if the organization used Schedule O to	mointain paratrial paratri	1			 	
	(b) Average hours	(6) Reportable compensation (Forms	contri	alth benefits, butions to	(e) Estimated	
(a) Name and title	per week devoted to position	W/-9/1000-MISC)	plans, a	yee benefit ind deferred	amount of other compensation	
TOM CLUTTS		(comp	pensation		
EXECUTIVE DIRECTOR	40.00	9,148.		0.	0.	
GENE R. BIRDWELL		 				
DIRECTOR	10.00	0.	0.	. 0.		
	20000	<u> </u>				
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Fori	m 990-EZ (2018) PTSD FOUNDATION 83-0873			Page 3						
P	art V Other Information (Note the Schedule A and personal benefit contract statement requirements									
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X						
			Yes	No						
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each									
	activity in Schedule O	33		X						
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended									
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X						
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported									
	on lines 2, 6a, and 7a, among others)?	35a 35b	N/	X						
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0									
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			l						
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			٠,						
	complete applicable parts of Schedule N	36	Service of	X						
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		SMS4	v						
	Did the organization file Form 1120-POL for this year?	37b	35.435.4	X						
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-		X						
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L. Part II and enter the total amount involved 38b N/A	38a								
				l						
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A 39a N/A									
a b	37/3	8 3		780						
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:									
70 a	section 4911 O . ; section 4912 O . ; section 4955 O .									
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	100 000	3 122							
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	Alakaya Tasi	TOTAL COLUMN	- AND THE SECTION AND THE						
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b		X						
G	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	10								
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0000000								
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed									
	by the organization $lacksquare$									
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			250000000						
	transaction? If "Yes," complete Form 8886-T	40e		X						
	List the states with which a copy of this return is filed TX	162	3							
42 a	The organization's books are in care of ► TOM CLUTTS Located at ► P.O. BOX 1778, CANYON LAKE, TX Telephone no. ► 210486									
	Located at ▶ P.O. BOX 1778, CANYON LAKE, TX At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u> </u>							
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No						
		42b		X						
	account)? If "Yes," enter the name of the foreign country:									
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
c	At any time during the calendar year, did the organization maintain an office outside the United States?									
	If "Yes," enter the name of the foreign country:									
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here		🕨							
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A								
		r								
		1000000000000	Yes	No						
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	350.000								
	Form 990-EZ	44a		X						
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		06287.755 April 97,000	i i						
	of Form 990-EZ	44b		X						
	Did the organization receive any payments for indoor tanning services during the year?	44c		X						
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation									
45	in Schedule 0	44d		X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a								
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		H-865013						
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Form	1990-	EZ (2018) PTSI	FOUNDATIO	N				83-08731	45	F	Page 4
46			ization engage, lete Schedule C	directly or indirectly, in p			• • •	_	l'	46	Yes	No X
Pa	irt VI)(3) Organization	ns Only			<u> </u>		40 [
<u> </u>		device:		3) organizations must	-	7-49b and 52, a	and complete	e the tables for lines	50 and 51.			
				nization used Schedul								
											Yes	No
47	47 Did the organization engage in lobbying activities or have a section 501(h) ele									47		Х
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								48		X
		ne organization make any transfers to an exempt non-charitable related organization?							49a		X	
			the related organization a section 527 organization? stable for the organization's five highest compensated employees (other than officers, directors, trustees, and key employ							49b		
50							icers, director	s, trustees, and key en	nployees) who ead	n rece	eivea m	iore
	TISCHE C	than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours (c) Reportable (d) Health benefits										ated
			(4) //4///0 4	na mie si odon omproyo	•		devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount o		
				NO	NE	position W-2/109			plans, and deferred compensation	соп	compensati	
		***************************************								Ì	<u></u>	*************************************
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						<u> </u>	······································			_		
f	Total	number d	of other employe	es paid over \$100,000			>			L		
				anization's five highest (ho each receiv	ved more than \$100.0	00 of compensatio	n fror	n the	
			there is none, e			,,,, 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iod more many roofe	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	(a	ı) Name	and business ac	ldress of each independ	ent contractor		(b)	Type of service	(c) Co	mper	sation	
		***************************************		**************************************								
	-			***************************************								
	***************************************			······································								
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,,		······										
ď	Total n	umber o	f other independ	fent contractors each re	ceiving over \$100,000			>				
2	Did the	organiz	ation complete :	Schedule A? Note : All si	ection 501(c)(3) organiz	zations must atta	ch a					
		eted Scho			LTANIAN, FRANKSIA XIII (. XIII				> [X	-		No
	•	•		that I have examined this	, -			•		and b	elief, it	is
rue, c	orrect	, and con	nplete. Declarati	on of preparer (other th	an officer) is based on a	all information of	which prepar	er has any knowledge.			-	-
ian	. 1	Sign	Signature of officer Date							-	V	
Sign Iere		M mr	TOM CLUTTS, EXECUTIVE DIRECTOR									
		Type	or print name and	title	VE DIRECTO	K						
		Prin	t/Type preparer	's name	Preparer's signature		Date	Check	if PTIN			
ادان (,			self- employ	, 1			
Paid		. THO	MAS PAI	LERMO, CPA			10/11	1	P009	701	93	
Preparer Jse Only		Eiro		ESROCHES PA	RTNERS, LL	P			≥ 45-549			
*3 C	V: 115			840 GESSNER				Phone no.	713-360-			
				HOUSTON, TX								

► X Yes No Form 990-EZ (2018)

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