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Form

**990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2010 calendar year, or tax year beginning <u>7/1/2010</u> , and ending <u>6/30/2011</u>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>AIR WARRIOR COURAGE FOUNDATION</u></td> <td><b>D</b> Employer identification number <u>77-0490412</u></td> </tr> <tr> <td colspan="2">Doing Business As <u>WOUNDED WARRIOR EMERGENCY SUPPORT FUND</u></td> <td><b>E</b> Telephone number <u>(301) 588-3283</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) <u>P O BOX 877</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <u>SILVER SPRING MD 20918</u></td> <td><b>G</b> Gross receipts \$ <u>1,017,314</u></td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer <u>MIKE DUGAN 36 JAMES COURT, DILLON, CO 80435</u></td> </tr> </table>	<b>C</b> Name of organization <u>AIR WARRIOR COURAGE FOUNDATION</u>		<b>D</b> Employer identification number <u>77-0490412</u>	Doing Business As <u>WOUNDED WARRIOR EMERGENCY SUPPORT FUND</u>		<b>E</b> Telephone number <u>(301) 588-3283</u>	Number and street (or P O box if mail is not delivered to street address) <u>P O BOX 877</u>			City or town, state or country, and ZIP + 4 <u>SILVER SPRING MD 20918</u>		<b>G</b> Gross receipts \$ <u>1,017,314</u>	<b>F</b> Name and address of principal officer <u>MIKE DUGAN 36 JAMES COURT, DILLON, CO 80435</u>		
<b>C</b> Name of organization <u>AIR WARRIOR COURAGE FOUNDATION</u>		<b>D</b> Employer identification number <u>77-0490412</u>														
Doing Business As <u>WOUNDED WARRIOR EMERGENCY SUPPORT FUND</u>		<b>E</b> Telephone number <u>(301) 588-3283</u>														
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City or town, state or country, and ZIP + 4 <u>SILVER SPRING MD 20918</u>		<b>G</b> Gross receipts \$ <u>1,017,314</u>														
<b>F</b> Name and address of principal officer <u>MIKE DUGAN 36 JAMES COURT, DILLON, CO 80435</u>																
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>J</b> Website: ▶ <u>www.airwarriorcourage.org</u>																
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <u>1998</u> <b>M</b> State of legal domicile <u>MD</u>															

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>WE PROVIDE EMERGENCY FUNDS TO WOUNDED WARRIORS AND THEIR FAMILIES AND THERAPEUTIC RIDING FOR DISADVANTAGED MILITARY DEPENDANTS. ALSO PAID EXTRAORDINARY MEDICAL EXPENSES THAT VETERANS WERE NOT ABLE TO PAY. PAID NUMEROUS RENT AND UTILITY DEPOSITS FOR VETS. BOUGHT STARTER IRS 529 PLANS FOR DEPENDANTS OF AIRCREW KIA</u>		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> 18	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 18	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u> 1	
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u> 450	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 0	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 0	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <u>434,327</u> Current Year: <u>1,000,008</u>
		<b>9</b> Program service revenue (Part VIII, line 2g)	Current Year: <u>0</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7c)		Current Year: <u>7,704</u>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Current Year: <u>1,690</u>	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Current Year: <u>443,721</u>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		Current Year: <u>447,595</u>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		Current Year: <u>0</u>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		Current Year: <u>0</u>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		Current Year: <u>8,440</u>	
<b>17</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>12,224</u>		Current Year: <u>12,224</u>	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	Current Year: <u>5,585</u>	
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	Current Year: <u>461,620</u>	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	Current Year: <u>-17,899</u>	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <u>494,668</u> End of Year: <u>606,715</u>	
	<b>21</b> Total liabilities (Part X, line 26)	End of Year: <u>0</u>	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	End of Year: <u>494,668</u>	

**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.

<b>Sign Here</b>		Date <u>13062011</u>			
	Signature of officer <u>JOHN T. HALLEY</u> <b>TREASURER</b> Type or print name and title				
<b>Paid Preparer's Use Only</b>	Print/Type preparer's name <u>TOM HALLEY</u>	Preparer's signature	Date <u>9/14/2011</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00287166</u>
	Firm's name ▶ <u>TOM HALLEY'S IND TAX SERVICE</u>		Firm's EIN ▶ <u>33-0009719</u>		
	Firm's address ▶ <u>P O BOX 132410, TYLER, TX 75713-2410</u>		Phone no <u>(903) 566-3771</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2010)

11 6/5

**Part III****Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒ **X**

- 1** Briefly describe the organization's mission  
 PROVIDE EMERGENCY FUNDS TO WOUNDED WARRIORS AND THEIR FAMILIES, PROVIDE THERAPEUTIC RIDING FOR DEPENDANTS MILITARY MEMBERS AND PROVIDE FUND TO VETERANS AND THEIR FAMILIES FOR MEDICAL AND UTILITY EXPENSES ABOVE THEIR ABILITY TO PAY, ALSO, PROVIDE IRS 529 COLLEGE SAVINGS PLANS FOR DEPENDANTS OF AIRCREW MEMBERS KILLED PERFORMING AIR CREW DUTIES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 265,900 including grants of \$ 265,900 ) (Revenue \$ 0)  
 PROVIDED FUNDS AND SERVICES FOR WOUNDED WARRIORS AND THEIR FAMILIES AT

BROOKE ARMY MEDICAL CENTER- 4,800 WOUNDED WARRIORS + FAMILIES HELPED \$ 246,000

WALTER REED ARMY MEDICAL CENTER- 1,022 WOUNDED + FAMILIES HELPED 19,900

TOTAL WOUNDED AND FAMILIES HELPED=5,822

**4b** (Code: ) (Expenses \$ 88,081 including grants of \$ 88,081 ) (Revenue \$ 0)  
 PROVIDED THERAPEUTIC RIDING FOR DISADVANTAGED MILITARY DEPENDANTS TO IMPROVE THEIR QUALITY OF LIFE

88 RIDERS IN 15 STATES HELPED AT 33 SCHOOLS \$ 88,081

**4c** (Code: ) (Expenses \$ 362,835 including grants of \$ 362,835 ) (Revenue \$ 0)  
 PROVIDED FUNDS FOR IRS 529 COLLEGE SAVINGS PLANS FOR DEPENDANTS OF MILITARY AVIATORS KILLED WHILE PERFORMING AIRCREW DUTIES

46 STUDENTS HELPED \$ 362,835

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 141,991 including grants of \$ 72,952 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 858,807

**Part IV Checklist of Required Schedules**

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0																																		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0																																	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c																																
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.		1																																	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			2b		X																														
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a																																
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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																																
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts																																			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a																																
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b																																
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c																																
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X																														
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		X																														
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>																																			
a	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																																
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b																																
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c																																
d	If "Yes," indicate the number of Forms 8282 filed during the year.		0	7d																																
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e																																
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f																																
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g																																
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h																																
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8																																
9	<b>Sponsoring organizations maintaining donor advised funds.</b>																																			
a	Did the organization make any taxable distributions under section 4966?			9a																																
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b																																
10	<b>Section 501(c)(7) organizations.</b> Enter																																			
a	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	<b>Section 501(c)(12) organizations.</b> Enter																																			
a	Gross income from members or shareholders			11a																																
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			11b																																
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			12a																																
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b																																
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>																																			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			13a																																
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			13b																																
c	Enter the amount of reserves on hand			13c																																
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a																																
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b																																

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17													
b Enter the number of voting members included in line 1a, above, who are independent		17												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision of officers, directors or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Does the organization have members or stockholders?							6							X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								7a						X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		10b													X
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990															
12a Does the organization have a written conflict of interest policy? If "No," go to line 13					12a	X									
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done							12c	X							
13 Does the organization have a written whistleblower policy?								13	X						
14 Does the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official.										15a	X				
b Other officers or key employees of the organization.											15b	X			
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												16a			X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?													16b		X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **CALIFORNIA, MARYLAND**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **TOM HALLEY** **903-566-3771**  
**1513 FM 850, TYLER, TX 75707**

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

Check if Schedule O contains a response to any question 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mike Dugan Chairman	5	X		X				0	0	0
(2) Earl Hailston President	5	X		X				0	0	0
(3) George Harrison Vice-Pres	2	X		X				0	0	0
(4) Dave Brog Executive Director	40	X		X	X	X		30,000	0	0
(5) John T Halley Treasurer	40	X		X	X			30,000	0	0
(6) Mimi Drew Director	5	X						0	0	0
(7) Bill Pickavance Director	2	X						0	0	0
(8) Lee Butler Director	2	X						0	0	0
(9) Rob McAvoy Director	2	X						0	0	0
(10) Bob Ettinger Director	5	X						0	0	0
(11) Dan James III Director	2	X						0	0	0
(12) Manny Simpson Legal AD	3	X		X				0	0	0
(13) Jim Weaver Director	5	X						0	0	0
(14) Dick Stephenson Director	2	X						0	0	0
(15) Scott Seymour Director	2	X						0	0	0
(16) Gary Baber Director	25	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Tim Hannigan Director	2	X						0	0	0
(18) Mike Sloniker Director	10	X						0	0	0
(19)								0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								60,000	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								60,000	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 476,650				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 523,358				
	<b>g</b>	Noncash contributions included in lines 1a-1f	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,000,008			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>			0			
	<b>b</b>			0			
	<b>c</b>			0			
	<b>d</b>			0			
	<b>e</b>			0			
	<b>f</b>	All other program service revenue		0			
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,451			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	(i) Real					
		(ii) Personal					
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss) . . . . .		0			
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	(i) Securities					
		(ii) Other					
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		0			
	<b>c</b>	Gain or (loss) . . . . .		0			
	<b>d</b>	Net gain or (loss) . . . . .		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		0			
		<b>a</b>			0		
		<b>b</b>	Less direct expenses		0		
<b>c</b>		Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19. . . . .		0				
	<b>a</b>			0			
	<b>b</b>	Less direct expenses . . . . .		0			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0				
	<b>a</b>			0			
	<b>b</b>	Less cost of goods sold . . . . .		0			
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	GAIN FROM 529 PLANS . . . . .		14,855				
<b>b</b>			0				
<b>c</b>			0				
<b>d</b>	All other revenue . . . . .		0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		14,855				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,017,314	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S. See Part IV, line 22	789,768	789,768		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	23,749	18,999	4,750	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	2,234	1,787	447	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	30,000	30,000		
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	12,224			12,224
13	Office expenses	8,662	6,410	2,252	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,750		4,750	
17	Travel	2,803	2,803		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,692	2,318	374	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Bank Charges(Credit Card Fees)	856	542	314	
b	Audit	4,500	4,500		
c	Licenses and permits	880	880		
d	AWCF Awards	0			
e	Web Master	1,800	800	1,000	
f	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24f.	884,918	858,807	13,887	12,224
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	15,020	1	41,362
	2 Savings and temporary cash investments	320,831	2	432,711
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less accumulated depreciation	10b 0	10c 0	
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	116,667	13	90,492
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	42,150	15	42,150
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	494,668	16	606,715
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	26	0
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	264,436	27	519,950
	28 Temporarily restricted net assets	230,232	28	86,765
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	494,668	33	606,715
	34 <b>Total liabilities and net assets/fund balances</b>	494,668	34	606,715

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,017,314
2	Total expenses (must equal Part IX, column (A), line 25)	2	884,918
3	Revenue less expenses. Subtract line 2 from line 1	3	132,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	494,668
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-20,349
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	606,715

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b Were the organization's financial statements audited by an independent accountant? . . .
- c 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? . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both . . .  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AIR WARRIOR COURAGE FOUNDATION

Employer identification number

77-0490412

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) NONE									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	196,397	328,246	348,517	434,327	1,000,008	2,307,495
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0					0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
<b>6 Total.</b> Add lines 1 through 5	196,397	328,246	348,517	434,327	1,000,008	2,307,495
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,307,495

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	196,397	328,246	348,517	434,327	1,000,008	2,307,495
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,486	2,622	3,054	1,690	2,451	12,303
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	2,486	2,622	3,054	1,690	2,451	12,303
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0					0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	198,883	330,868	351,571	436,017	1,002,459	2,319,798
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.47%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	99.26%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.53%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	0.74%

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

m2

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AIR WARRIOR COURAGE FOUNDATION

Employer identification number

77-0490412

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	0	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		0

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .

4 Number of states where property subject to conservation easement is located ▶ . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

b Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other .....

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	0

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0		

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment				
<b>e</b> Other			0	

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ 0

**Part VII Investments—Other Securities.** 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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ►	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) IRS 529 PLANS	90,492	EOY MKT VALUE
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ►	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) 7 BURIAL PLOTS IN SAN ANTONIO , TX	17,150
(2) MOTORIZED WHEEL CHAIR	25,000
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	42,150

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ►	0

**2. FIN 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	1,017,314
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	884,918
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3	132,396
4	Net unrealized gains (losses) on investments . . . . .	4	
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV) . . . . .	8	
9	Total adjustments (net). Add lines 4 through 8 . . . . .	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10	132,396

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,017,314
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,017,314
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	1,017,314

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	884,917
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	884,917
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	884,917

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AIR WARRIOR COURAGE FOUNDATION

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) .....			0	0			
(2) .....			0	0			
(3) .....			0	0			
(4) .....			0	0			
(5) .....			0	0			
(6) .....			0	0			
(7) .....			0	0			
(8) .....			0	0			
(9) .....			0	0			
(10) .....			0	0			
(11) .....			0	0			
(12) .....			0	0			

**2** Enter total number of section 501(c)(3) and government organizations . . . . . ☐

**3** Enter total number of other organizations . . . . . ☐

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

(HTA)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

**2010**

**Open to Public Inspection**

Employer identification number

77-0490412

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 BUY IRS 529 PLANS(BRODEUR	3	159,471	0	CASH	NONE
2 BUY IRS 529 PLANS(BRYANT)	1	29,112	0	CASH	NONE
3 BUY IRS 529 PLANS(GIGLIO FAMILY)	4	20,547	0	CASH	NONE
4 BUY IRS 529 PLANS(CASSITY FAMILY	1	10,000	0	CASH	NONE
5 BUY IRS 529 PLANS(HANEY FAMILY)	3	49,786	0	CASH	NONE
6 BUY IRS 529 PLANS(OTTO FAMILY)	4	15,020	0	CASH	NONE
7 BUY IRS 529 PLANS(SEVERTS FAMILY	4	8,331	0	CASH	NONE

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MOST IRS 529 PLANS ARE STARTED WITH THE DEATH OF THE AIRCREW MEMBER COMPLETING AIRCREW DUTIES. THIS IS VERIFIED BY THE UNIT CASUALTY OFFICERS. WE INITIALLY OPEN THE ACCOUNTS AND THEN WHEN MONEY COMES TO US FOR THESE, WE DEPOSIT IT INTO THE PROPER DEPOSIT INTO THE FAMILY ACCOUNTS. WE RECEIVE QUARTERLY REPORT ON 529 PLAN ACTIVITY.

INES SANTOS THE ACTION OFFICER REQUESTS AMOUNTS FROM THE EXECUTIVE DIRECTOR, WHO THEN SEND THEM OUT TO THE OPERATIONS COMMITTEE FOR APPROVAL OR REJECTION. THE OPS COMMITTEE CONSISTS OF FIVE BOARD MEMBERS. AFTER APPROVAL, THE TREASURER SENDS THE CHECK TO THE ACTION OFFICER. RECEIPTS ARE SENT TO THE TREASURER WHO AUDITS THEM AGAINST THE ORIGINAL REQUEST AND THE CHECK.

# Continuation Sheet for Schedule I (Form 990)

Name of the organization

AIR WARRIOR COURAGE FOUNDATION

Employer identification number

77-0490412

## Part III Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8 BUY IRS 529 PLANS(WERMER FAMILY)	3	25,272	0	CASH	NONE
9 BUY IRS 529 PLANS(WITHROW FAMILY)	4	14,274	0	CASH	NONE
10 PAY FOR MEDICINE,RENT, INS(SANTOS )	1	8,331	0	CASH	NONE
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

AIR WARRIOR COURAGE FOUNDATION

77-0490412

**4 CONTINUED**

**4d. OTHER PROGRAM SERVICES** EXPENSES= \$ 72952 GRANTS= \$ 72,952

PAID GRANTS TO VETERANS, ACTIVE DUTY MILITARY MEMBERS AND THEIR FAMILIES TO HELP WITH EXPENSES THAT  
WERE BEYOND THEIR ABILITY TO PAY UTILITIES=14 FAMILIES RENT=10 FAMILIES SCHOLARSHIPS=5 STUDENTS  
TRANSPORTATION=11 FAMILIES AUTO REPAIRS=5 PERSONS MEDICAL EXPENSES=5 FAMILIES  
OTHER EXPENSES=9 FAMILIES TOTAL FAMILIES HELPED=59 \$ 72,952

**LINE 4e. OTHER PROGRAM EXPENSES INCURRED IN PROVIDING THE ABOVE SERVICES**

\$ 69,039

**Part IV, 11a. THE COMPLETED 990 IS PUT OUT ON THE INTERNET TO EACH DIRECTOR FOR COMMENTS/QUESTIONS  
BEFORE FILING**

**Part IV, 12c. THE CONFLICT OF INTEREST POLICY IS REVIEWED AT ALL BOARD MEETINGS AT LEAST ONCE PER YEAR  
WITH ALL DIRECTORS PRESENT, ABSENT DIRECTORS ARE QUERIED BY THE EX DIRECTOR BY E-MAIL AND THEIR  
RESPONSES RECORDED.**

**Part IV, 15b. THE ENTIRE BOARD OF DIRECTORS PARTICIPATES IN ALL COMPENSATION DISCUSSIONS CONCERNING  
THE EXECUTIVE DIRECTOR AND TREASURER, THE ONLY COMPENSATED INDIVIDUALS**

**Part IV, SECTION C, Line 19. GOVERNING DOCUMENTS ARE AVAILABLE AT THE NATIONAL OFFICE. DOCUMENTS ARE NOW  
AVAILABLE BY E-MAIL OR REGULAR MAIL WHEN REQUESTED. THE 990 IS POSTED ON OUR WEB SITE EVEN THOUGH IT  
IS NOT UNDERSTOOD BY MOST CASUAL OBSERVERS. FINANCIAL STATEMENTS ARE MAILED TO ALL BOARD MEMBERS  
WHEN COMPLETED**

Name of the organization

AIR WARRIOR COURAGE FOUNDATION

Employer identification number

77-0490412

**Part X. BALANCE SHEET**

Line 13, Investments These are IRS 529 Plans we manage until the children need the funds for education

Line 15, Other Assets This consists of 7 Burial Plots in San Antonio, TX valued at \$17,150 and a motorized wheelchair valued at \$ 25,000 for a total of \$ 42,150

PART XII, FINANCIAL STATEMENTS AND REPORTING: Line 2c, AWCF HAS AN AUDIT COMMITTEE, APPOINTED BY THE CHAIRMAN OF THREE KNOWLEDGEABLE PERSONS WHO SELECT THE AUDITOR AND MANAGE THE AUDIT

PART XI, RECONCILLATION OF NET ASSETS, Line 5 PRIOR YEAR ADJUSTMENT ON 529 PLANS