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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

_		ndar year 2015 or tax year beginning MAF	13, 2015	, and ending	DEC 31, 2015	Open to Fabric Inspection
_		foundation			A Employer identification	
	-					
Α	ME	RICAN WARRIOR INITIATIV	E, INC.		47-3566126	
		and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	
4	80	1 S BILTMORE LN			608-209-38	63
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
M	AD	ISON, WI 53718-2108				
G	heck	all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	enting the 85% test, emputation
H_0	heck	type of organization: X Section 501(c)(3) e.	kempt private foundation		E If private foundation sta	tus was terminated
			Other taxable private founda		under section 507(b)(1)	(A), check here
i Fa	ır ma	arket value of all assets at end of year J Account	ng method: L Cash	X Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here
	\$	297,401. (Part I, colu	mn (d) must be on cash t	oasis)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			expenses per books	ıncome	ıncome	(cash basis only)
	1	Contributions, gifts, grants, etc., received	387,254.		N/A	
	2	Check fithe foundation is not required to attach Sch. 8 Interest on savings and temporary				
	3	cash investments				
	4	Dividends and interest from securities				
	1	Gross rents				
	b	Net rental income or (loss)			 	
ще	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
æ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns				
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	387,254.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
<u>ښ</u> - ا	15	Pension plans, employee benefits				
Se-	16a	Legal fees Accountingnees CEIVED Other professional fees				
pe,	þ	Accounting tees (LIVE)				<u> </u>
Ä	C	Other projectational roots			ļ	ļ
Ţ,	17	Interiest NOV 1 7 2017 SE	\			
Operating and Administrative Expenses	18	Taxes & NOV 1 Depreciation and depletion				
ini	19					
Ę,	20	Occupancy OGDEN,				
Þ	21	Travel, conferences, and meetings				
a a	22	Printing and publications				
ting	23	Other expenses			 	
era	24	Total operating and administrative expenses Add lines 13 through 23	0.	0.		0.
Ö	25	Contributions, gifts, grants paid	273,888.			201,208.
		Total expenses and disbursements	2,3,000			201,200.
	20	Add lines 24 and 25	273,888.	0.		201,208.
	27	Subtract line 26 from line 12:	2,3,000			201,200
		Excess of revenue over expenses and disbursements	113,366.			
		Net investment income (if negative, enter -0-)		0.	<u></u>	
		Adjusted net income (if negative, enter -0-)			N/A	
52350 11-24		LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2015)

Fo	rm 99	90-PF (2015) AMERICAN WARRIOR INITIA			3566126 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u></u>
_	T .		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		186,247.	186,247.
	1	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ► 111,154.		444 454	444
	_	Less; allowance for doubtful accounts ▶		111,154.	111,154.
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		Į.	
	ĺ	disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
	1	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	0.	297,401.	<u>297,401.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable		184,035.	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
āb	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
	İ				
	23	Total liabilities (add lines 17 through 22)	0.	184,035.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
a	25	Temporarily restricted		113,366.	
Ва	26	Permanently restricted			
핕		Foundations that do not follow SFAS 117, check here			
Ē	Ì	and complete lines 27 through 31		Ì	
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ä	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances	0.	113,366.	
	1				
	31	Total liabilities and net assets/fund balances	0.	297,401.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
Ξ					
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		_
	•	at agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	113,366.
		r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	113,366.
		eases not included in line 2 (itemize)		5	112 266
6	Iotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		113,366.
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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

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Pa	rt VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 49	40(e), or 4	948	- see in	stru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and element operating foundations described in section 4940(d)(2), check here	nter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if nec	essary-see instruction	ns)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ and enter 1%	} !	1				0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col.	(b). J		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	ļ	2				<u>0.</u>
3	Add lines 1 and 2			3	 			0.
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable foundations only. O	others enter -0-)		_4_				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6	Credits/Payments:	l t			l			
	2015 estimated tax payments and 2014 overpayment credited to 2015	6a						
	Exempt foreign organizations - tax withheld at source	6b			ì			
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d			1			^
7	Total credits and payments. Add lines 6a through 6d		ļ	7	 			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched	_ }	8	ļ.—			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			9_	ļ			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10				
	Enter the amount of line 10 to be; Credited to 2016 estimated tax ► rt VII-A Statements Regarding Activities		Refunded 🖊 📗		L			
		Indiana and all districts				 ;	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence any national, state, or local legisland appropriate to influence and the state of the s	lation or did it participa	te or intervene	ın	-		162	
L	any political campaign?	nan (nan inntsiintinna fa	r tha dationtian		-	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•			-	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and distributed by the foundation in connection with the activities	a copies or any mate	enais publishe	a or		1)	
	Did the foundation file Form 1120-POL for this year?				1	10	1	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	wear.				1c	- 1	
u	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers.		0.			- [ĺ	
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit						ĺ	
·	managers. > \$	tare tax imposed on ro	undation				ĺ	
2	Has the foundation engaged in any activities that have not previously been reported to the IF	35?			1	2	Ì	x
-	If "Yes," attach a detailed description of the activities				—			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of i	ncorporation, or	r	1	1	ŀ	
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		,			3	ļ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A [4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther [.]			- 1	}	}	
	By language in the governing instrument, or				į		ļ	
	ullet By state legislation that effectively amends the governing instrument so that no mandatory	y directions that conflic	t with the state	law	ĺ		Į	
	remain in the governing instrument?				L	6		<u>X</u> _
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	nplete Part II, col (c)	, and Part XV			7	X	
							1	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) - NONE					1	
							- 1	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney General (or des	ignate)				{	
	of each state as required by General Instruction G? If "No," attach explanation				L	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	••••	2(j)(5) for caler	ndar			}	
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co	-			-	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	le listing their names and a	ddresses			000	DE .	<u>X</u>
					⊦orm	990-	-Pr (2015)

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X

4a

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Port VILE Statements Departing Activities for Which		Dominad (<u>47-35661</u>	<u> 26 </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Requirea (contin	nued)		
5a During the year did the foundation pay or incur any amount to:	40.51.120	[1	(1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No	ĺ	ĺ
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir		(T)	Í	1
any voter registration drive?	0		es X No	(ļ
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	[]	\	}	1
4945(d)(4)(A)? (see instructions)		X_Y	es L No	Į	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?			es X No	1	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		in Regulations	Į.	(
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		 	5b	X
Organizations relying on a current notice regarding disaster assistance check h					}
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta		T		
expenditure responsibility for the grant?	5 5 C D	Y	es X No		
If "Yes," attach the statement required by Regulations section 53 494:	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	Г-7.	es X No	l	ł
a personal benefit contract?		Yi		0.	77
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	rersonal benefit contract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es X No		İ
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 10	-	7b	
Part VIII Information About Officers, Directors, Trust		anagers Highly		, 0	
Paid Employees, and Contractors	oco, i odiladion mi	ariagoro, riigili	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou allov	nt, otner wances
	, , , , , , , , , , , , , , , , , , , ,				
SEE STATEMENT 1		0.	0.		_ 0.
		1			
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	[(d) 2		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E:	xpense nt, other
	hours per week devoted to position	(6)	compensation	allov	vances
NONE					
		 			
		 			
		 			
·]		
Fadal number of other employees paid over \$50,000	<u> </u>		L		
Total number of other employees paid over \$50,000			Corm	QQA_PI	<u> </u>
			FUIII	JUU-P	• (ZU10)

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Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving number of organizations and other beneficiaries served, conferences convened, research page 1.		Expenses
1		
SEE STATEMENT 2		273,888.
2		273,000.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.
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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign for		e instructions)
1 Fa	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	T	
a A	verage monthly fair market value of securities	1a	0.
b A	verage of monthly cash balances	1b	73,569.
c Fa	air market value of all other assets	1c	
d T	otal (add lines 1a, b, and c)	1d	73,569.
e R	eduction claimed for blockage or other factors reported on lines 1a and		
1	c (attach detailed explanation)		
2 A	equisition indebtedness applicable to line 1 assets	2	
3 S	ubtract line 2 from line 1d	3	73,569.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,104.
5 N	et value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	72,465.
6 N	linimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,918.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certain	-
1 N	Inimum investment return from Part X, line 6	1	2,918.
	ax on investment income for 2015 from Part VI, line 5		
	icome tax for 2015. (This does not include the tax from Part VI.)	7	
	dd lines 2a and 2b	2c	0.
3 D	istributable amount before adjustments. Subtract line 2c from line 1	3	2,918.
	ecoveries of amounts treated as qualifying distributions	4	0.
	dd Imes 3 and 4	5	2,918.
6 D	eduction from distributable amount (see instructions)	6	0.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,918.
	Qualifying Distributions (see instructions)		
	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	201,208.
	rogram-related investments - total from Part IX-B	1b	0.
	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	mounts set aside for specific charitable projects that satisfy the:		
a S	uitability test (prior IRS approval required)	3a	
b C	ash distribution test (attach the required schedule)	3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	201,208.
	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
ın	come. Enter 1% of Part I, line 27b	5	0.
6 A	djusted qualifying distributions. Subtract line 5 from line 4	6	201,208.
N	ote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	esection

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4940(e) reduction of tax in those years.

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

1. Obstratubble amount for 2015 from Part XI, Inter 7 2. Undestinated receive. A ray, as of the east of 2016 a Finite amount for 2014 only 3. Excess distributions carryover, if any, to 2015: 3. Excess distributions carryover, if any, to 2015: 3. Excess distributions carryover, if any, to 2015: 3. Excess distributions carryover, if any, to 2015: 3. Excess distributions or 2015 from 2013 4. Qualitying distributions for 2015 from 2014 5. Total of less Sa throughe 4. Qualitying distributions for 2015 from 2014 5. Part XII, Inter 4. P. S. 201, 208. 3. Applied to 2014, but not more than lane 2a b Applied to undistributed amount eight of 2015 from 2016 5. Treated as distributions of corpse ((election requires -see instructions) of Applied to 2015 fishtributide amount eight of 2015 fishtributide eight of 2015 fishtributide amount eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide eight of 2015 fishtributide e	•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
2. Undestrobusive some at any, as at the eneral all of a finite and unit of 2014 only b Total for prior years: 3. Excess distributions carryover, if any, to 2015; a From 2010	1 Distributable amount for 2015 from Part XI,				
Enter amount for 2014 only 5 Total for prior years' 2 Excess distributions carryover, if airy, to 2015; a From 2010 b From 2011 c From 2012 d From 2013 c From 2013 c From 2014 1 Total to fines 38 through 6 1 Total to fines 40 throm 16 1 Total to fines 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fines 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fines 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fine 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines 6 1 Total to fines	line 7				2,918.
\$ Excess distributions carryover, if any, to 2015; a From 2010 b From 2011 c From 2013 e From 2014 from 2013 e From 2014 from 2013 e From 2014 from 2016 e From 2014 from 2016 e From 2014 from 2016 e From 2016 e From 2016 from 2016 from 2016 e From 2016 e From 2016 from 2016 e From	2 Undistributed income, if any, as of the end of 2015	1		_	
2 Excess distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2013 e From 2013 e From 2013 e From 2014 f Total of lines 3a through e O. 1 Outsidying distributions for 2015 from Part XII, line 4: ▶ S 201 208 a Applied to 2014, but not more than line 2a b Applied to 2014 but not more than line 2a b Applied to 2015 distributions out of corpus (Election required - see instructions) O. 2 Outside the Statistudied out of corpus (Election required - see instructions) O. 4 Applied to 2015 distributions out of corpus (Election required - see instructions) O. 5 Excess distributions carryover submit to 2015 gif an infanel appears in coursing the same amount must be about notwin (b): O Enter the net total of each column as indicated abotics. C Corpus Add inces 31, 4e, and 5 Gubsta line 3 C Corpus Add inces 31, 4e, and 5 Gubsta line 3 C Corpus Add inces 34, 4e, 344 5 Gubsta line 4 d from line 25. Taxable amount - see instructions O. 4 Subtract line 6 from line 6b. Taxable amount - see instructions O. 5 Amounts treated as distributions out of corpus to statisfy requirements imposed by section 170(b)(11(f): or 494(0)(3) (Election may be required - see instructions) O. 8 Excess distributions carryover from 201 On applied on the 5 or line 7 O. 9 Excess distributions carryover from 201 On applied on the 3 or line 7 O. 9 Excess from 2011 Excess from 2014 Excess from 2014 Excess from 2014	_			0.	
3 Excess distributions carryover, if ality, to 2015; a From 2010 b From 2017 c From 2013 e From 2014 1 Testa of lines 3a through e 4 Quadring distributions for 2015 from Part XII, line 4: PS 2 201, 208 a Applied to 2014, but not more than line 2a b Applied to 2014, but not more than line 2a b Applied to 2015 distributions c Freetal as distributions discretions c Freetal as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributions de Romaning amount distributed out of corpus (Election sequence servines applied to 2015 distribution of surpose applied to 2015 distribution of surpose applied to 2015 distribution of surpose applied to 2015 distribution of surpose applied to 2015 distribution of the surpose applied to 2015 distribution distributed more. Subtract line 4b from line 2b c Erriter than animound of prior years' undistributed more in which a notice of outside to the surpose applied to 2015 distribution discretion of the company of the surpose applied to 2015 distribution discretion of the company of the surpose applied to 2016 distribution discretion of the company of the surpose applied to 2016 distribution of from line 6 Binable amount must be distributed in 2016 distribution of 2015, Subtract lines 4 and 5 from line 1, This amount must be distributed in 2016 distribution of 2015, Subtract lines 4 and 5 from line 1, This amount must be distributed in 2016 distribution of 2015, Subtract lines 4 and 5 from line 1, This amount must be distributed in 2016 distribution of 2015, Subtract lines 4 and 5 from line 1, This amount must be distributed in 2016 dist	b Total for prior years:		0		
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corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	F				0.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	,	1			
may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014					
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		0	}	,	
not applied on line 5 or line 7 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	F	<u>U•</u>			
9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		0			
Subtract lines 7 and 8 from line 6a 198,290. 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014	F				
Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		198 290.			
a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014		150,250.			
b Excess from 2012 c Excess from 2013 d Excess from 2014	· I				
c Excess from 2013 d Excess from 2014		Ì			
d Excess from 2014		ł			
		ļ	ĺ	ļ	

		NITIATIVE,			<u>3566126</u>	Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling of	or determination letter that	tit is a private operating				
foundation, and the ruling is effective fo			▶			
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	41,0044	Prior 3 years	70.0070		_
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Tot	a!
investment return from Part X for						
each year listed			 			
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of			}			
exempt activities	ļ		 			
 Qualifying distributions made directly 						
for active conduct of exempt activities.				1		
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:						
(1) Value of all assets	}					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt						
organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from						
an exempt organization	ļ		 			
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or	more in acce	te
at any time during t						
 Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed in 	o have contributed more t		tributions received by the	foundation before the	close of any tax	
NONE	11010 than \$6,000). (600 s	3011011 307 (4)(2)-)				
b List any managers of the foundation who ther entity) of which the foundation ha	o own 10% or more of the	e stock of a corporation	(or an equally large portion	on of the ownership of	f a partnership or	
NONE	3. J. 2. 1. 3. J. 2. 100					
2 Information Regarding Contribution Check here		• • • •	•	not accept unsolicited	requests for funds.	If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations	inder other conditions, co	omplete items 2a, b, c,	and d.	
a The name, address, and telephone num	ber or e-mail address of ti	he person to whom app	ications should be addres	ssed:		
SEE STATEMENT 3						
b The form in which applications should b	oe submitted and informat	ion and materials they s	hould include:			
c Any submission deadlines:						
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	kinds of institutions, or o	other factors:		
523601 11-24-15			 		Form 990-P	'F (2015)

3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
BRUCE ALLEN	N/A	д	WOUNDED HEROES	
7935 COUNCIL PL STE 101			ASSISTANCE	
MATTHEWS, NC 28105-1007				777
CHESS JOHNSON	N/A	ı ı	WOUNDED HEROES	
			ASSISTANCE	5,700
DANIEL LEDBETTER	N/A	ī	WOUNDED HEROES	
110 S BROADWAY AVE			ASSISTANCE	
SYLACAUGA, AL 35150-3005		<u> </u>		12,756
ERIC SCOTT	N/A	п	WOUNDED HEROES	
			ASSISTANCE	
racoma, wa			 .	3,668
HABITAT FOR HUMANITY OF FORSYTH	N/A	PC	HOMELESS VETERANS	
COUNTY, INC.			HOUSING ASSISTANCE	
1023 W 14TH ST				
VINSTON-SALEM NC 27105-5811		<u> </u>		32,500
	ONTINUATION SHEE	T(S)	<u>▶</u> 3a	201,208
b Approved for future payment				
ABE HAUPT	N/A	<u>t</u>	WOUNDED HEROES	
219 STRANGEWAY AVE			ASSISTANCE	5 000
LODI, WI 53555-1309				5,000
CHESTER DE WITT	N/A	I I	WOUNDED HEROES	
			ASSISTANCE	15,000
DAVID PROCTOR	N/A	T	WOUNDED HEROES	
1228 ROYALE DR	[ASSISTANCE	
COLORADO SPRINGS CO 80901-202				17,085
	ONTINUATION SHEE	m/c\	▶ 3b	72,680

Part XVI-A	Analysis	of Incom	e-Producing	Activities
Lait VALM	Analysis		e-Producing	ACHAINE

Enter gross amounts unless otherwise indicated.	Unrelated (a) Business	business income (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	-				
c	-		<u> </u>		
d			<u> </u>		
e					
f	-				
g Fees and contracts from government agencies	ļ		<u> </u>		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash			1		
investments			<u> </u>		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			ļ	 	ļ
a Debt-financed property			L		
b Not debt-financed property			L		
6 Net rental income or (loss) from personal					
property			 		
7 Other investment income					
8 Gain or (loss) from sales of assets other			}		
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	-		<u> </u>	<u> </u>	
b			<u> </u>		
c	-				<u> </u>
d			<u> </u>		<u> </u>
e	.				
e		0.		0.	0.
3 Total. Add line 12, columns (b), (d), and (e)		0.			0.
		0.			0.
3 Total. Add line 12, columns (b), (d), and (e)	to the Acco			13	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities		mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No Explain below how each activity for which income	ome is reported in	mplishment of Ex	emp	13 _ t Purposes	0.

	990-PF (CAN WARRI	OR IN	TIATIVE, IN	<u>C</u>	47-356	6126	Page 13
Par	t XVII	Information R Exempt Organ		sfers To	and Transactions	and Relation	ships With Noncha	ritable	
1 1	Did the o	rganization directly or indi	rectly engage in any o	of the follows	ng with any other organiza	tion described in se	ction 501(c) of	T	Yes No
1	he Code	(other than section 501(c	;)(3) organizations) or	in section 5	27, relating to political orga	anizations?			
a T	Fransfers	from the reporting found	lation to a noncharitat	ole exempt or	ganization of:			1 1	l
	(1) Cast							1a(1)	х
	• •	r assets	• •					1a(2)	X
		nsactions:		• • • •				1	
		s of assets to a noncharita	able exempt organizati	юп				15(1)	X
								1b(2)	X
3	3) Pent	al of facilities, equipment	or other accete	· gameadon				1b(3)	$\frac{x}{x}$
	Al Bain	hursament arrannements						1b(4)	$\frac{x}{x}$
	(A) Loon	in or foan augrantoes	·	• • • •	• • • • • • • • • • • • • • • • • • • •				$\frac{1}{X}$
,	(a) Luai	ermanas of consider a mo		ina collectotic	. ,			1b(5)	$\frac{1}{x}$
					ons			1b(6)	
	-	of facilities, equipment, ma	•					1c	Х
							market value of the goods, o		is,
						ilue in any transactio	on or sharing arrangement, s	how in	
		d) the value of the goods,							
(a)Line	e no.	(b) Amount involved	(c) Name of I		e exempt organization	(d) Description	on of transfers, transactions, and	sharing arra	ngements
				N/A					
									
									
	_								
									
					·				
	- 		 						
			 						
									
		Ast is A south a fact and	0 - 61 - 4 - 24						
					or more tax-exempt organ		_	٦	(TT)
				3)) or in sect	on 527?	• • • • • • • • • • • • • • • • • • • •		Yes	X No
b 11	"Yes," co	omplete the following sche			(h) T (7.5		
		(a) Name of org	anization		(b) Type of organization	 	(c) Description of relationsh	ıp	
		N/A			<u> </u>				
		·				J			
						<u> </u>			
						<u> </u>	······································		
	Under	penalties of parjury, I declare t	that I have examined this i	return, includin	g accompanying schedules and	d statements, and to the	best of my knowledge May	the IHS dis	cuss this
Sigr	3			(04)62 (162)	n taxpayer) is based on all infon	CHIEF	FINANCIAL return show	n with the p yn below (s	reparer se instr.)?
Here	1	Mal			11/13/17	OFFIC:	er 🛛	Yes	☐ No
	Sign	ature of officer or trusted	, 		Date	Title			لسيبي
		Print/Type preparer's na	me	Preparer's si	gnature /	Date	Check if PTIN		
		{	1	Γ	$n_{\Delta}=11$	1.1.1.1.	self- employed		
Paic	i	GLENN MILL	ER, CPA	/ <i>I</i> b-	_ /VW~	1 4/13[17]	1 200	0867	26
Pre	oarer	Firm's name ► WEG		LLP		<u> </u>	Firm's EIN ► 39-09		
	Only			-					
	•	Firm's address ▶ 21	10 LUANN T	ANE			 		
			DISON, WI				Phone no. 608-27	4-40	20

Form **990-PF** (2015)

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

Department of the Freasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

	AMERICAN WARRIOR INITIATIVE, INC. 47	<u>-3566126</u>
Organization type (ch		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 5	zation is covered by the General Rule or a Special Rule . in 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	instructions
General Rule		
_	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 com any one contributor. Complete Parts I and II. See instructions for determining a contributor's total of	•
Special Rules		
sections 509 any one cont	unization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the support test of th	and that received from
year, total co	unization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational pation of cruelty to children or animals. Complete Parts I, II, and III	
year, contribu is checked, e purpose Do	unization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than a enter here the total contributions that were received during the year for an exclusively religious, charitate on not complete any of the parts unless the General Rule applies to this organization because it received haritable, etc., contributions totaling \$5,000 or more during the year	s \$1,000 If this box able, etc ,
but it must answer "N	zation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 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 ot meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

AMERICAN WARRIOR INITIATIVE, INC.

47-3566126

Part I	Contributors (con unstructions) Head duplicate copies of Port Life addition	and anger in needed	3300120
	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAIRWAY INDEPENDENT MORTGAGE BRANCH 122 3700 BEE CAVES RD STE 102	\$\$	Person Payroll Noncash (Complete Part II for
_	WEST LAKE HILLS, TX 78746-5316	-	noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FAIRWAY INDEPENDENT MORTGAGE BRANCH 231	-	Person X
	1805 N STUART PLACE RD STE A HARLINGEN, TX 78552-6506	\$ 5,500.	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FAIRWAY INDEPENDENT MORTGAGE BRANCH 245 801 ESTELLE DR FL 1 LANCASTER, PA 17601-2136	\$\$,500.	Person Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FAIRWAY INDEPENDENT MORTGAGE BRANCH 300 4020 LAKE WASHINGTON BLVD NE STE 202 KIRKLAND, WA 98033-7862	\$10,450.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FAIRWAY INDEPENDENT MORTGAGE BRANCH 365 3923 S GENERAL BRUCE DR TEMPLE, TX 76502-1026	\$11,000.	Person Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FAIRWAY INDEPENDENT MORTGAGE BRANCH 530 104 E TEXAS ST	\$\$ 22,000.	Person X Noncash
523452 10-26	LEESVILLE, LA 71446-4054		(Complete Part II for noncash contributions)

Name of organization

Employer identification number

MERI	CAN WARRIOR INITIATIVE, INC.	4	7-3566126
Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FAIRWAY INDEPENDENT MORTGAGE BRANCH 545 300 CONSTITUTION AVE UNIT 203 PORTSMOUTH, NH 03801-8610	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FAIRWAY INDEPENDENT MORTGAGE BRANCH 691 8200 HAVERSTICK RD STE 255 INDIANAPOLIS, IN 46240-4333	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FAIRWAY INDEPENDENT MORTGAGE BRANCH 700 771 LOIS DR SUN PRAIRIE, WI 53590-1177	\$\$ <u>8,250.</u>	Person Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4 FAIRWAY INDEPENDENT MORTGAGE BRANCH 715	(c) Total contributions	(d) Type of contribution
_10	514 S STRATFORD RD STE 240 WINSTON-SALEM, NC 27103-1869	\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions)

(b)

Name, address, and ZIP + 4

(p)

Name, address, and ZIP + 4

FAIRWAY INDEPENDENT MORTGAGE BRANCH

7001 HERITAGE VILLAGE PLZ STE 250

GAINESVILLE, VA 20155-3096

FAIRWAY INDEPENDENT MORTGAGE BRANCH

525 WESTPARK DR STE 330

PEACHTREE CITY, GA 30269-1577

(a)

No.

11

(a)

No.

12

776

846

Person Payroli

Noncash (Complete Part II for

noncash contributions)

(d)

Type of contribution

noncash contributions)

(d)

Type of contribution

Person Payroll

Noncash (Complete Part II for

(c)

Total contributions

(c)

Total contributions

5,500.

5,500.

Employer identification number

AMERICAN WARRIOR INITIATIVE, INC.

47-3566126

WINDIAT.	CAN WARRION INTITATIVE, INC.	<u></u>	<u> </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FAIRWAY INDEPENDENT MORTGAGE BRANCH 885 37156 REHOBOTH AVE EXT UNIT 1 REHOBOTH BEACH, DE 19971-3104	\$\$11,750.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	FAIRWAY INDEPENDENT MORTGAGE BRANCH 975 1952 GALLOWS RD STE 212 VIENNA, VA 22182-3823	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PATTERSON SCHWARTZ FOUNDATION 7234 LANCASTER PIKE STE 300B HOCKESSIN, DE 19707-9273	\$\$2,350.	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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)

Employer identification number

AMERICAN WARRIOR INITIATIVE, INC.

47-3566126

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		s	

17301110 788028 12690.1RV02

	(Form 990, 990-EZ, or 990-PF) (2015)		Pag			
lame of orga	nization		Employer identification number			
AMERICA Part·III	AN WARRIOR INITIATIVE, Exclusively religious, charitable, etc., cont the year from any one contributor Complete of	ributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ying line entry. For greanizations			
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or				
(a) No. from			(d) Description of house if his held			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
-						

	PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
STEVEN JACOBSON 4801 S BILTMORE LN MADISON, WI 53718-2108	DIRECTOR 1.00	0.	0.	0.
LEONARD KRUPINSKI 4801 S BILTMORE LN MADISON, WI 53718-2108	DIRECTOR 1.00	0.	0.	0.
TODD GAVINSKI 4801 S BILTMORE LN MADISON, WI 53718-2108	DIRECTOR 1.00	0.	0.	0.
SEAN PARNELL 4801 S BILTMORE LN MADISON, WI 53718-2108	DIRECTOR 1.00	0.	0.	0.
LOUISE THAXTON 4801 S BILTMORE LN MADISON, WI 53718-2108	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990	-PF, PAGE 6, PART VIII	0.	0.	0.
FORM 990-PF SUM	MARY OF DIRECT CHARITABLE	ACTIVITIES	STATE	MENT 2

ACTIVITY ONE

BRINGING AWARENESS OF THE CHALLENGES FACING THE MEN AND WOMEN WHO HAVE SERVED IN THE MILITARY WHEN RETURNING FROM THEY ALSO SPEARHEADED OVER 50 GIVE-BACK INITIATIVES FOR WOUNDED HEROES OF AMERICA. THESE WOUNDED HEROES HAVE BEEN SERVED THROUGH MORTGAGE-FREE HOUSING, BUSINESS GRANTS, HOME UPGRADES, SERVICE DOGS AND MORE.

EXPENSES TO FORM 990-PF, PART IX-A, LINE 1 273,888. FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

AMERICAN WARRIOR INITIATIVE 4801 S BILTMORE LN MADISON, WI 53718-2108

TELEPHONE NUMBER

724-900-6045

EMAIL ADDRESS

AWI@FAIRWAYMC.COM

FORM AND CONTENT OF APPLICATIONS

SEE VETERAN SUPPORT FORM AT
WWW.AMERICANWARRIORINITIATIVE.COM/VETERAN-SUPPORT-FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

A VETERAN MUST HAVE BEEN HONORABLY DISCHARGED TO APPLY FOR ASSISTANCE. AWI DOES NOT MAKE GRANTS OUTSIDE ITS FUNDING PRIORITIES.

47-3566126

Part XV Supplementary Information					
3 Grants and Contributions Paid During the					
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient			
HOUSE OF HEROES	N/A	₽C	HOMELESS VETERANS		
2955 E COCONINO DR			HOUSING ASSISTANCE		
GILBERT, AZ 85298-5782				6,500	
JASON YVETTE	N/A	Ī	WOUNDED HEROES		
1355 LENORE DR			ASSISTANCE		
ACOMA, WA 98406-1821				4,332	
OE FAULKNER	N/A	T.	WOUNDED HEROES		
BRACKETT HILL RD	M/A		ASSISTANCE		
HARLTON MA 01507-1575			indicinated	10,000	
ORGE SANCHEZ 2370 STOKES FERRY RD	N/A	F	WOUNDED HEROES		
OLD HILL NC 28071-7695			ASSISTANCE	10,000.	
OSH HOOD	N/A	II	WOUNDED HEROES	l	
31 TEN OAKS DR OLLIERVILLE TN 38017-1678			ASSISTANCE	13.955	
ARRY BRIAN HICKS 64 DREYSPRING WAY	N/A	I	WOUNDED HEROES		
IKE ROAD, AL 36064-2781			ASSISTANCE	6,833.	
ARRY STURDIVANT	N/A	T .	WOUNDED HEROES		
605 NICOLET GLEN DR HARLOTTE, NC 28215-7793			ASSISTANCE	2,470.	
EWIS HUNT	N/A	l tr	WOUNDED HEROES	•	
ENIO HOMI	N/ A	1	ASSISTANCE	1,500.	
				2,300.	
ANA HOUSE	N/A	PC	HOMELESS VETERANS		
55 E WILLETTA ST HOENIX, AZ 85006-2723			HOUSING ASSISTANCE	7,000.	
				7,000.	
		į			
ATTHEW DALTON	N/A	ļī.	WOUNDED HEROES		
690 LENNI RD STON, PA 19014-1085			ASSISTANCE	7,341.	
Total from continuation sheets			-1	145 807	

Part XV Supplementary Informat				<u></u>
3 Grants and Contributions Paid During to				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
. Name and address (home or business)	or substantial contributor	recipient	Contribution	
IKE RYAN	N/A	Ī	WOUNDED HEROES	
1442 E LA JOLLA CIR			ASSISTANCE	10,00
UCSON, AZ 85711-4247				10,00
AUL TESTA	N/A	ī	WOUNDED HEROES	
204 GARY AVE			ASSISTANCE	
ILMINGTON, DE 19808-5716				1,50
OBERT MARSHALL	N/A	Ī	WOUNDED HEROES	
			ASSISTANCE	10,00
ROBERT PILON	N/A		WOUNDED HEROES	
321 11 MILE RD	N/A	ľ	ASSISTANCE	
UBURN, MI 48611-9532				6,32
COTT PROVOST	N/A	ļr	WOUNDED HEROES	
116 W WISCONSIN AVE			ASSISTANCE	
ORTAGE, WI 53901-1518				5,41
HANE BRADLEY	N/A	Д	WOUNDED HEROES	i
14 MILLRUN CIR			ASSISTANCE	
UN PRAIRIE, WI 53590-4411				5,00
IXTH BRANCH	N/A	п	WOUNDED HEROES	
400 BOSTON ST STE 102			ASSISTANCE	
ALTIMORE, MD 21224-4780			 	5,00
TEVE WALLS	N/A	T	WOUNDED HEROES	
59 GATES ST			ASSISTANCE	
HILADELPHIA, PA 19128-2510				10,00
			l l	
AMMY SMITH	N/A	±	WOUNDED HEROES	
			ASSISTANCE	7,63
OUNG LIFE CAMP	N/A	T	WOUNDED HEROES	
20 N CASCADE AVE	N/A	Ť	ASSISTANCE	
OLORADO SPRINGS, CO 80903-3325		<u> </u>		15,00
Total from continuation sheets				

3 Grants and Contributions Approved for F	uture Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purnose of grant or	
. Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
NATHEW WILKES	N/A	I I	WOUNDED HEROES	
5625 PICKETTS STORE PL			ASSISTANCE	
MARKET, VA 20169-6144				14,595
MATTHEW SULLIVAN	N/A	I	WOUNDED HEROES	
.900 S HIGHLAND AVE			ASSISTANCE	15.000
LYMOUTH, MA 02360-7516				15,000
SCAR GONZALEZ	N/A	I	WOUNDED HEROES	
		-	ASSISTANCE	6,000
Total from continuation sheets		L	<u> </u>	35,59