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2017

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-	2017 , a	nd en	nding 12-31	-2017			
Name of foundation AMERICAN WARRIOR INITIATIVE INC						A Employer identification number			
AMERICAN WARRIOR INITIATIVE INC						47-3566126			
		d street (or P O box number if mail is not delivered to street addres SILTMORE LN		B Telephone number (see instructions)					
					(608) 209-386	3			
		n, state or province, country, and ZIP or foreign postal code WI 537182108			C If exemption	application is pendin	g, check here		
G Cl	neck al	Il that apply \Box Initial return \Box Initial return of	a former public charity		D 1. Foreign or	ganizations, check he	ere 📘		
		☐ Final return ☐ Amended retui	rn			rganizations meeting			
		\square Address change \square Name change				ck here and attach co	· —		
H C	neck ty	$ \sqrt{p} $ pe of organization	e foundation			undation status was f on 507(b)(1)(A), chec			
	Section	n 4947(a)(1) nonexempt charitable trust							
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c), • \$ 1,221,463 J Accounting method ☐ Other (specify) (Part I, column (d) mu	Cash Accru	ıal		ation is in a 60-mont on 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total			I		(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach	1,047,160)					
	2	schedule) Check ▶ ☐ if the foundation is not required to attach							
		Sch B							
	3	Interest on savings and temporary cash investments Dividends and interest from securities							
	5a	Gross rents							
	ь	Net rental income or (loss)							
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10							
Reversie	b	Gross sales price for all assets on line 6a							
Re	7	Capital gain net income (from Part IV, line 2)			0				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	C								
	11	Total. Add lines 1 through 11	1,047,160		0				
	12	Compensation of officers, directors, trustees, etc	1,047,100				0		
	13 14	Other employee salaries and wages		<u>'</u>			-		
s	15	Pension plans, employee benefits							
ıse	16a	Legal fees (attach schedule)							
Expenses	ь	Accounting fees (attach schedule)	4,000		0		0		
Ĕ	c	Other professional fees (attach schedule)	<u> </u>	1					
and Administrative	17	Interest							
tra	18	Taxes (attach schedule) (see instructions)							
III S	19	Depreciation (attach schedule) and depletion							
ŧ	20	Occupancy							
Ą	21	Travel, conferences, and meetings	10,940		0		0		
an	22	Printing and publications							
biu	23	Other expenses (attach schedule)							
Operating	24	Total operating and administrative expenses.							
<u>8</u>		Add lines 13 through 23	14,940	1	0		0		
ں	25	Contributions, gifts, grants paid	451,245	5			326,262		
	26	Total expenses and disbursements. Add lines 24 and 25	466,185	5	0		326,262		
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	580,975						
	Ь	Net investment income (if negative, enter -0-)		1	0				
	C	Adjusted net income(if negative, enter -0-)		<u> </u>	- N		000 77 (22)		
гoг	raper	work Reduction Act Notice, see instructions.		(Cat No 11289:	x For	m 990-PF (2017)		

	+	Casii—non-interest-bearing	214,2//	1,1/3,42/	1,1/3,42/
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ► 42,036			
		Less allowance for doubtful accounts ▶	407,552	42,036	42,036
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
Ŋ	8	Inventories for sale or use			
Şe	9	Prepaid expenses and deferred charges			
Ŷ	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	621,829	1,221,463	1,221,463
	17	Accounts payable and accrued expenses		201	
	l				

	12	investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	621,829	1,221,463	
	17	Accounts payable and accrued expenses		201	
	18	Grants payable	90,152	121,123	
səi	19	Deferred revenue			
ılı	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	90,152	121,324	
ses		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			

Net Assets or Fund Balanc Unrestricted 663,664 531,677 436,475 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) . 531,677 1,100,139 Total liabilities and net assets/fund balances (see instructions) . 621,829 1,221,463 31

Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Part III of-year figure reported on prior year's return) 1 531,677 2 Enter amount from Part I, line 27a 2 580,975

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

3

4

5

6

1,112,652

1,100,139 Form **990-PF** (2017)

12,513

3

4

5

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

Add lines 1, 2, and 3

7 Add lines 5 and 6

instructions

6 Enter 1% of net investment income (1% of Part I, line 27b) . . .

Page **3**

<u> </u>				(b)		T
		(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a	1					
•						
•						
		(f)		(g)	(h)
	(e) Gross sales price	Depreciation allowed		other basis	,	or (loss)
	Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
а						
b						
С						
d						
e						
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	1	(I)
		(i)	<u> </u>	(k)		h) gain minus
	(i) FMV as of 12/31/69	Adjusted basis	Excess	of col (i)	, , , ,	less than -0-) or
	1 M V as 01 12/31/09	as of 12/31/69	over co	l (j), if any	Losses (fr	om col (h))
a						
b						
C						
d						
е						
2	Capital gain net income	or (net capital loss)	If gain, also enter in F If (loss), enter -0- in l		}	
			1000(5)	,	2	
3		gain or (loss) as defined in sections :	. ,			
	If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0)-	} 3	
	in Part I, line o			1		
Part	V Qualification I	Jnder Section 4940(e) for Re	educed Tay on Net	Investment T	ncome	
	_					
roi o	puonai use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment inco	mie)	
f sect	ion 4940(d)(2) applies, le	eave this part blank				
			ble amount of any very	n. tha hasa nawa	.do 🗆 🗸	es 🗸 No
		e section 4942 tax on the distributal ot qualify under section 4940(e) Do			our L i	es 🖭 No
		nount in each column for each year,			ies	
-	(a)			aking any chin	(d)	
	se period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	Distribution rat	
year	(or tax year beginning in)		se variae or monenaritat		(col (b) divided by o	
	2016	351,862		198,409		1 773418
	2015	201,208		72,465		2 776623
	2014					
	2013					
	2012				1	
	Total of line 1, column (o			2		4 550041
		o for the 5-year base period—divide		, or by the 3		2 275021
		ndation has been in existence if less ncharitable-use assets for 2017 fron		: : : : 3		726,011
4	Enter the het value of no	inchantable-use assets for 2017 [[0]]	in arca, integral	· · · · 4	+	/20,011

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

0

1,651,690

1,651,690

326,262

5

6

7

8

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

,	, , , , , , , , , , , , , , , , , , ,
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

List all officers, directors, trustee	s foundation managers ar	nd their compensation	(see instructions)	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			compensation	
2 Compensation of five highest-paid	d employees (other than t	 hose included on line 1	 L—see instructions). If noi	Lne, enter "NONE."
(a) Name and address of each employee par more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
T-4-1	- ¢50,000			
Total number of other employees paid ove 3 Five highest-paid independent co				E".
(a) Name and address of each person			e of service	(c) Compensation
NONE		-		
		-		
		_		
Total number of others receiving over \$50	.000 for professional services			
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, confi	activities during the tax year Incl erences convened, research paper	ude relevant statistical inform s produced, etc	nation such as the number of	Expenses
1 BRINGING AWARENESS OF THE CHALL	ENGES FACING THE MEN AN	D WOMEN WHO HAVE SE	I	
WHEN RETURNING FROM WAR AWI AI OF AMERICA THESE WOUNDED HEROI	ES HAVE BEEN SERVED THRO			
GRANTS, HOME UPGRADES, SERVICE I	DOGS AND MORE			451,992
3				
4				
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related invest			and 2	Amount
1				
-				
2				
All other program-related investments	See instructions			
3				
Total. Add lines 1 through 3 .				
· · · · · · · · · · · · · · · · · · ·				

1a

1b

2

3a 3b

4

5

326,262

326.262

326,262

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

(d)

Page 9

36,301

36,301

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0

XIII	Un

b Total for prior years

From 2012. **b** From 2013. . . . c From 2014. .

d From 2015.

e From 2016.

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of 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 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

198.290 341,942

198.290

341.942

289.961

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Part XIII	Undistributed Income (see instruc	tions)					

Years prior to 2016

540.232

289.961

830,193

830,193

0

(b)

(c)

2016

(a)

Corpus

assets at any time during the year—see instructions.)

Information Regarding Foundation Managers:

NONE

PRIORITIES

- List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
 - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ 🔲 If the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

AMERICAN WARRIOR INITIATIVE 4801 S BILTMORE LN MADISON, WI 537182108 (724) 900-6045

AWI@FAIRWAYMC COM b The form in which applications should be submitted and information and materials they should include

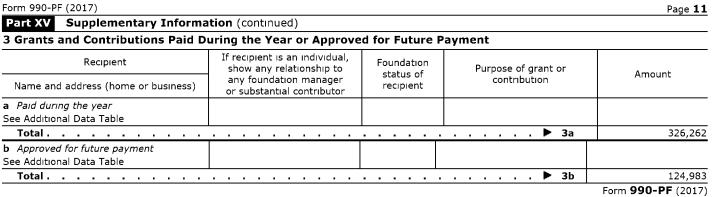
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

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



ter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-						
	and contracts from government agencies ship dues and assessments.					
Interes	st on savings and temporary cash					
	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property					
	ntal income or (loss) from personal property					
	nvestment income.					
Gain o	r (loss) from sales of assets other than					
	ory					
	rofit or (loss) from sales of inventory					
	evenue a					
b						
d						
d e			0		(
d e ! Subtota ! Total. /	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	3	
de Subtota Total. /	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Adshrive in line 13 instructions to verify calcul	ations)				
d e Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
de Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculated and the color of the co	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
de Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
de Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
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de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
de Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(

Foi	rm 990-Pl	F (2017)				Pa	ge 13
	Part XV	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
1			ndirectly engage in any of the following with a on 501(c)(3) organizations) or in section 527	any other organization described in section 501 , relating to political organizations?		Yes	No
а	Transfer	s from the reporting foun	ndation to a noncharitable exempt organization	on of			
	(1) Cas	sh			1a(1)		No
					1a(2)		No
b	Other tr	ansactions					
	(1) Sal	es of assets to a nonchar	itable exempt organization		1b(1)		No
					1b(2)		No
	(3) Rei	ntal of facilities, equipmer	nt, or other assets.		1b(3)		No
	(4) Rei	mbursement arrangemen	nts		1b(4)		No
	(5) Loa	ans or loan guarantees.			1b(5)		No
	(6) Perf	ormance of services or m	nembership or fundraising solicitations		1b(6)		No
c	Sharing	of facilities, equipment, r	mailing lists, other assets, or paid employees		1c		No
	of the g	oods, other assets, or ser		Column (b) should always show the fair market ne foundation received less than fair market value goods, other assets, or services received (d) Description of transfers, transactions, and sha	ue	ngemen	ıts
,-	,	(2) ranount involved	(c) Hame of Honoral Readile exempt organization	(2) Besonption of dramaters of	ining arra	gee.	

(5)	Loans or loan guarantees					[1b(5)	No
(6)	Performance of services or me	mbership or fundra	ısıng solıcıtatıons			1b(6)	No
c Shar	ing of facilities, equipment, ma	ailing lists, other as	sets, or paid employees			1c	No
of th	e answer to any of the above i e goods, other assets, or servi ny transaction or sharing arran	ices given by the re	porting foundation If the	ne foundation r	eceived less than fair r	market value	
(a) Line l	No (b) Amount involved	(c) Name of nonchar	table exempt organization	(d) Descrip	otion of transfers, transacti	ons, and sharing arrange	ments
desc	e foundation directly or indirect ribed in section 501(c) of the (es," complete the following sch	Code (other than se	•		-	🗆 Yes	☑ No
	(a) Name of organization		(b) Type of organiz	ation	(c) Descrip	otion of relationship	
	Under penalties of perjury, I of my knowledge and belief, which preparer has any know	it is true, correct, a				s based on all informa	ation of
Sign Here	*****		2018-11-15	***	***	May the IRS discureturn with the preparer below	
	Signature of officer or tru	ustee	Date	Title	e	(see instr)? 🗹	Yes □ No

Preparer's Signature PTIN Print/Type preparer's name Date Check if self-P00086726 employed ▶ □ GLENN MILLER CPA Firm's name ▶ WEGNER CPAS LLP Firm's EIN ▶39-0974031 Firm's address ▶ 2921 LANDMARK PL STE 300 Phone no (608) 274-4020 MADISON, WI 537134236 Form **990-PF** (2017)

Paid **Preparer Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation STEVEN JACOBSON DIRECTOR 0 0 1 00

4801 S BILTMORE LN MADISON, WI 537182108	1 00			
LEONARD KRUPINSKI	DIRECTOR	0	0	0
4801 S BILTMORE LN MADISON, WI 537182108	1 00			

4801 S BILTMORE LN MADISON, WI 537182108	1 00			
TODD GAVINSKI	DIRECTOR	0	0	0
4801 S BILTMORE LN MADISON, WI 537182108	1 00			
	1		1	

MADISON, WI 337 102100				
TODD GAVINSKI	DIRECTOR	0	0	0
4801 S BILTMORE LN MADISON, WI 537182108	1 00			
SEAN PARNELL	DIRECTOR	0	0	0

TODD GAVINSKI	DIRECTOR			l o
4801 S BILTMORE LN MADISON, WI 537182108	1 00			
SEAN PARNELL	DIRECTOR	0	0	0
4801 S BILTMORE LN	1 00			

LOUISE THAYTON	DIDECTOR			
4801 S BILTMORE LN MADISON, WI 537182108	1 00			
SEAN PARNELL	DIRECTOR	0	0	0
MADISON, WI 557102100				

4801 S BILTMORE LN MADISON, WI 537182108	1 00			
LOUISE THAXTON	DIRECTOR	0	0	

LOUISE THAXTON	DIRECTOR	0	0	
4801 S BILTMORE LN	1 00			

MADISON, WI 537182108

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1 VETERAN FOUNDATION 9771 N MELANDRA WAY MARANA, AZ 856538909	PC	TOWARD SERVICE DOG FOR VET	2,500
ANDREA CARA5139 LOCHMEAD TER	I	MOVING EXPENSES	1,120

ANDREA CARA5139 LOCHMEAD TER ZEPHYRHILLS, FL 335412623	I	MOVING EXPENSES	
BEN LUNAK5653 WHISKEY RIVER DR COLORADO SPRINGS, CO 809234112	I	FITNESS EQUIPMENT	

За

ZETTIKITEES, TE 333412023			
BEN LUNAK5653 WHISKEY RIVER DR COLORADO SPRINGS, CO 809234112	I	FITNESS EQUIPMENT	5,761
Total	 		326,262

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Amount

any foundation manager

or substantial contributor

Name and address (home or business)

Total . 3a

a Paid during the year			
CHARLES SMITH 148 KENTUCKY DERBY DR CLAYTON, NC 275206079	I	BATHROOM REMODEL	6,100
CLAYTON MARSHALL	I	HURRICANE RELIEF	2,500

recipient

3,000

326,262

CLAYTON MARSHALL 29611 TURNBURY VILLAGE DR SPRING, TX 773863289	I	HURRICANE RELIEF	2
COLLIN CROSS FAMILY705 BEVERLY DR	I	FUNERAL EXPENSES	3

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONRAD BROWNING310 E 1ST ST HOT TUB 5,595 JANESVILLE, MN 560489205

CRAIG WALLACE562 NE LARCH AVE REDMOND, OR 977567675	I	FINANCIAL ASSISTANCE	6,666
CRUISE AUTHORITY 1760 POWERS FERRY RD SE STE 100 MARIETTA, GA 300679428	NC	DONATION TOWARD WWII VET CRUISE - JESSE KELLY	400

REDMOND, OR 977567675	•	711/11/01/12 / 10010 / / 11/02	5,000
CRUISE AUTHORITY 1760 POWERS FERRY RD SE STE 100 MARIETTA, GA 300679428	NC	DONATION TOWARD WWII VET CRUISE - JESSE KELLY	400
Total	 		326,262

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CUSTOM CANINES6640 FIELDWOOD RD MADISON, WI 537181821	PC	SERVICE DOG - CUSTOM CANINES	10,000
CUSTOM CANINES6640 FIELDWOOD RD	PC	SERVICE DOG - CUSTOM	10,000

CUSTOM CANINES6640 FIELDWOOD RD MADISON, WI 537181821	PC	SERVICE DOG - CUSTOM CANINES DAVID ROBERTS	1
CUSTOM CANTINESSEAD ETEL DWOOD BD	DC.	CUSTOM CANINES SERVICE DOC	

3a

MADISON, WI 53/181821		CANINES DAVID ROBERTS	İ
CUSTOM CANINES6640 FIELDWOOD RD MADISON, WI 537181821	PC	CUSTOM CANINES SERVICE DOG JILLIAN WERGINZ	10,000

CUSTOM CANINES6640 FIELDWOOD RD MADISON, WI 537181821	PC	CUSTOM CANINES SERVICE DOG JILLIAN WERGINZ	10,000
CUSTOM CANINESCO AS ELEI DIMOGO DO	ם ר	CUCTOM CANTINES SERVICE DOS	10.000

MADISON, WI 537181821		JILLIAN WERGINZ	10,000
Total			326.262

Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CUSTOM CANINES6640 FIELDWOOD RD PC CUSTOM CANINES SERVICE DOG 10,000

DUCC CUMPLACU

MADISON, WI 53/181821		- RUSS GUNDLACH	1
CUSTOM CANINES6640 FIELDWOOD RD MADISON, WI 537181821	PC	SERVICE DOG CUSTOM CANINES - DAVID HARRIS	14,000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

DENNIS CRIST636 MEYERKORD LOOP HONOLULU, HI 968183473	I	SERVICE DOG TRAINING -OFF LEASH K9 TRAINING	4,600
Total	 		326,262

HONOLULU, HI 968183473		LEASH K9 TRAINING	
Total			22

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ELYCIA OSLAND436 PEBBLE BEACH DR SAKATAH CHALLENGE 1.000 OWATONNA, MN 550602160 SCHOLARSHIP

GUARDIAN SERVICE DOGS - FOR AMY KOVACS 1228 ROYALE DR COLORADO SPRINGS, CO 809102020	PC	SERVICE DOG TRAINING - GUARDIAN SERVICE DOGS	10,000
GUARDIAN SERVICE DOGS 1228 ROYALE DR	PC	SERVICE DOG TRAINING - GUARDIAN SERVICE DOGS	11,400

326,262

COLORADO SPRINGS, CO 809102020			
GUARDIAN SERVICE DOGS 1228 ROYALE DR COLORADO SPRINGS, CO 809102020	PC	SERVICE DOG TRAINING - GUARDIAN SERVICE DOGS	11,40

Total .

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

David division - Marchine

3a

a Paid during the year			
HOMEBOUND HEROES 37596 US HIGHWAY 19 N PALM HARBOR, FL 346841019	PC	DONATION TOWARD HOME FOR VET	15,000

AMES THURBER 122 W OLD HIGHWAY 91 OCATELLO, ID 832047300	I	SERVICE DOG TRAINING -ACCESS TO SERVICE GROUP	
·			

POCATELLO, ID 832047300		-ACCESS TO SERVICE GROUP	
JAMES WADE12646 N CARBINE RD MARANA, AZ 856539523	_	SERVICE DOG TRAINING -ACCESS TO SERVICE GROUP	5,000

5,000

Total		•	326 262
JAMES WADE12646 N CARBINE RD MARANA, AZ 856539523	I	SERVICE DOG TRAINING -ACCESS TO SERVICE GROUP	5,000
<u>'</u>			i

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JASON TOBIN533 LUCAS CT GRAND JUNCTION, CO 815073058	I	FINANCIAL ASSISTANCE	4,000
JENNIFER TOLEDANO	I	WINTERIZE HOME	3.913

JENNIFER TOLEDANO 4801 S BILTMORE LN MADISON, WI 537182108	I	WINTERIZE HOME	3,913
JONI MARQUEZ46295 PINE MEADOW DR KING CITY, CA 939309763	I	MOVING EXPENSES	1,350

Total	 		326,262
JONI MARQUEZ46295 PINE MEADOW DR KING CITY, CA 939309763	I	MOVING EXPENSES	1,350
MADISON, WI 537182108			

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,			
JOSH SUST5853 BLUE ROCK HILL RD CINCINNATI, OH 452472703	I	FINANCIAL ASSISTANCE	
KENNETH TAYLOR	I	HURRICANE RELIEF	

or substantial contributor

a Paid during the year

3a

SPRING, TX 773861566			
LEE CAHILL 4308 RED BLOSSOM WAY APT 303	I	AUTO/FINANCIAL ASSISTANCE	

51 KING, 1X 775001500			
LEE CAHILL 4308 RED BLOSSOM WAY APT 303 CHARLOTTE, NC 282773062	I	AUTO/FINANCIAL ASSISTANCE	19,848

5,500

2,500

LEE CAHILL 4308 RED BLOSSOM WAY APT 303 CHARLOTTE, NC 282773062	I	AUTO/FINANCIAL ASSISTANCE	19,
Total	 		326,262

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

a Paid during the year			
MATTHEW WILKES 15625 PICKETTS STORE PL HAYMARKET, VA 201696144	I	SERVICE DOG AND TRAINING	5,250
MICHAEL FOOTE4701 144TH ST E	I	FINANCIAL ASSISTANCE	2,202

TACOMA, WA 984464137	1	TINANCIAL ASSISTANCE	
PROJECT SANCTUARY 5440 COUNTY ROAD 41 1563	PC	RETREATS FOR MILITARY FAMILIES	

or substantial contributor

Name and address (home or business)

Total . 3a

PROJECT SANCTUARY 5440 COUNTY ROAD 41 1563 GRANBY, CO 804469233	PC	RETREATS FOR MILITARY FAMILIES	43,500
Total	 		326,262

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

3a

ROBERT SOLOZANO1707 S 9TH AVE SIOUX FALLS, SD 571052111	I	FINANCIAL ASSISTANCE	15,000
RYAN LONG6895 WARE HOUSE RD GLOUCESTER, VA 230615155	I	FINANCIAL ASSISTANCE	10,000

GLOUCESTER, VA 230615155	1	FINANCIAL ASSISTANCE	
SABRINA BATEMAN12395 N WELTY RD	I	SERVICE DOG - PURPOSEFULL	

SABRINA BATEMAN12395 N WELTY RD WAYNESBORO, PA 172684030		I	SERVICE DOG - PURPOSEFULL PAWS	5,000

WAYNESBORO, PA 172684030	_	PAWS	3,00
Total			326 262

WAYNESBORO, PA 172684030		PAWS	
Total			326 262

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

5.000

4,049

a Tala dulling the year			
SALVATION ARMY 5600 RICKENBACKER RD BLDG 2AB BELL, CA 902016694	PC	CHRISTMAS DINNER FOR HOMELESS VETERANS DONATON	

or substantial contributor

a Paid during the year

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SARAH COX8120 DREAM CATCHER CIR NAPLES, FL 341199808	I	MATTRESS/BOX SPRING	
SAVING GRACE K9S	PC	DONATION TOWARD SERVICE	

SAVING GRACE K9S 9771 N MELANDRA WAY MARANA, AZ 856538909	PC	DONATION TOWARD SERVICE DOG	

SAVING GRACE K9S 9771 N MELANDRA WAY MARANA, AZ 856538909	PC	DONATION TOWARD SERVICE DOG	2,500
Total	 		326.262

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SLIPPERY ROCK UNIVERSITY PC DONATION TOWARD SERVICE 5,000 **FOUNDATION** DOG 104 MALTBY AVE STE 100 SLIPPERY ROCK, PA 160571237

SOLDIERS BEST FRIEND 14505 N 75TH AVE PEORIA, AZ 853814702	PC	SERVICE DOG FOR VETERAN	10,000
SPECIAL FORCES ASSOCIATION 194 N MIDDLESEX RD CARLISLE, PA. 170138493	PC	DONATION	5,000

PEORIA, AZ 853814702			
SPECIAL FORCES ASSOCIATION 194 N MIDDLESEX RD CARLISLE, PA 170138493	PC	DONATION	5

PEORIA, AZ 853814702			
SPECIAL FORCES ASSOCIATION 194 N MIDDLESEX RD CARLISLE, PA 170138493	PC	DONATION	5,00

CARLISLE, PA 170138493			
Total		•	32

За

326,262

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SUSOUEHANNA SVC DOGS NC DONATION TOWARD SERVICE 5.000 1078 GRAVEL HILL RD DOG FOR VET GRANTVILLE, PA 170288280 THERECA CHRICTORUER 1.500 TRAVEL EVERNOES TO COME 000

2221 SUNSET DR GASTONIA, NC 280542951	1	BOOT CAMP GRADUATION	1,50
TRIDENT VETERAN ADAPTIVE PROGRAMS 281 CLARK CT	PC	DONATION	15,00

WINDSOR, CO 805505844

326,262

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

250

7,758

a Paid during the year			
VFW POST 7591 301 COTTAGE GROVE RD	NC	DONATION FOR COLOR GUARD AT EVENT	
MADISON WI 537161107			

any foundation manager

or substantial contributor

Name and address (home or business)

3a

11/18/18/01/1/ 18/18/18/19/19/			
VICTORY VETERAN'S HOUSE	I	DONATION	
105 E KING ST			
LANCASTER, PA 176022803			

105 E KING ST LANCASTER, PA 176022803			
WINSTON HECLEY550 EXLEY RD S	l ⁻	SERVICE DOG TRAINING SD	

2 11 6/10 12 17 17 17 00 22 00 0			
WINSTON HECLEY550 EXLEY RD S RINCON, GA 313263642	I	SERVICE DOG TRAINING SD GUNNER FUND	7,500
Total	 		326,262

LANCASTER, PA 176022803			
WINSTON HECLEY550 EXLEY RD S RINCON, GA 313263642	I	SERVICE DOG TRAINING SD GUNNER FUND	7,
			1

efile GRAPHIC print - DO NO	T PROCESS	As Filed Data	-		DLN: 93491319041678	
TY 2017 Accounting	Fees Sche	dule				
Name: AMERICAN WARRIOR INITIATIVE INC EIN: 47-3566126 Accounting Fees Schedule						
Category	Amou	unt N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING		4,000	0		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319041678
TY 2017 Other Decreases School	edule		
1			
Name:	AMERICAN WA	ARRIOR INITIATIVE INC	
EIN:	47-3566126		
De	escription		Amount
PRIOR PERIOD ADJUSTMENT			12,513

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491319041678		
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Attach to Form 990, 990-EZ, or 990-PF dule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990					
Name of the organizati AMERICAN WARRIOR INI					Employer ic	dentification number		
Organization type (che					47-3566126			
Organization type (che	ck one)							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)(501(c)() (enter number) organization						
	☐ 4947(a)(1) nonexempt chai	ritable trust not treated as	s a private founda	tion			
	☐ 527 polit	ical organization						
Form 990-PF	✓ 501(c)(3)) exempt private fo	undation					
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3)	501(c)(3) taxable private foundation						
			PF that received, during to complete Parts I and II Se					
Special Rules								
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vi), that che luring the year, tota	g Form 990 or 990-EZ that toked Schedule A (Form 9 al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious, animals Complete Parts	, charitable, scient				
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the I	cively for religious, total contributions parts unless the G	or (10) filing Form 990 of charitable, etc., purposes that were received during eneral Rule applies to the or more during the year.	s, but no such con ng the year for an is organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	ıt must answer "No	o" on Part IV, line 2	ile and/or the Special Rul t, of its Form 990, or chec it it doesn't meet the filing	k the box on line	H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990), 990-EZ, or 990-PF) (2017)		

Name of organization AMERICAN WARRIOR INITIATIVE INC

Employer identification number

		47-356612	26
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space	is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	s	Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution) (d) Type of contribution
		s	Person Dayroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Additional Data

Software ID:

Software Version:

EIN: 47-3566126

Name: AMERICAN WARRIOR INITIATIVE INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PATTERSON SCHWARTZ FOUNDATION		Person 🗸
<u>1</u>			Payroll 🗍
	7234 LANCASTER PIKE STE 300B	\$ 18,600	Noncash \square
	HOCKESSIN, DE 197079273		(Complete Part II for nonc
			contribution)
2	FAIRWAY INDEPENDENT MORTGAGE BRANCH 885		Person 🗌
<u>2</u>	274 FC DELICROTH AVENUE EVT LINIT 4		Payroll 🗸
	37156 REHOBOTH AVENUE EXT UNIT 1	\$ 18,600	Noncash \square
	REHOBOTH BEACH, DE199713104		(Complete Part II for nonc
			contribution)
3	FAIRWAY INDEPENDENT MORTGAGE BRANCH 245		Person 🗌
3	801 ESTELLE DR FL 1		Payroll 🗸
		\$ 6,000	Noncash \Box
	LANCASTER, PA176012136		(Complete Part II for nonc
	FATOWAY THREEFINGENT MORTGAGE PRANCH 265		contribution)
<u>4</u>	FAIRWAY INDEPENDENT MORTGAGE BRANCH 365		Person
<u>-</u>	3923 S GENERAL BRUCE DR		Payroll 🗸
		\$ 12,000	Noncash \square
	TEMPLE, TX765021026		(Complete Part II for nonc
	FAIRWAY INDEDENDENT MODECACE DRANCH F20		contribution)
<u>5</u>	FAIRWAY INDEPENDENT MORTGAGE BRANCH 530		Person
	104 E TEXAS ST		Payroll 🗸
		\$ 24,000	Noncash \Box
	LEESVILLE, LA714464054		(Complete Part II for nonc
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 545		contribution)
<u>6</u>	TAINWAT INDEPENDENT MONTGAGE BRAINCH 343		Person
<u>s</u>	300 CONSTITUTION AVE UNIT 203		Payroll 🗸
		\$ 9,000	Noncash \Box
	PORTSMOUTH, NH038018610		(Complete Part II for nonc

orm 990 Sched	rm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 691		Person	
<u>7</u>			 Payroll ✓	
	8200 HAVERSTICK RD STE 255	\$ 6,000	Noncash \square	
	INDIANAPOLIS, IN462404333		(Complete Part II for noncash contribution)	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 715		Person	
<u>8</u>	514 S STRATFORD RD STE 240		Payroll 🗸	
		\$ 17,000	Noncash \square	
	WINSTON SALEM, NC271031869		(Complete Part II for noncash contribution)	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 776		Person	
<u>9</u>			Payroll 🗸	
	525 WESTPARK DR STE 330	\$ 6,000	Noncash \Box	
	PEACHTREE CITY, GA 302691577		(Complete Part II for noncash contribution)	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 975		Person	
<u>10</u>			Payroll ✓	
	1952 GALLOWS RD STE 212	\$ 6,000	Noncash \square	
	VIENNA, VA 221823823		(Complete Part II for noncash contribution)	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 541		Person	
<u>11</u>			— Payroll <mark>✓</mark>	
	1340 S MAIN ST STE 195	\$ 6,000	Noncash \square	
	GRAPEVINE, TX760515547		(Complete Part II for noncash contribution)	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 415		Person	
<u>12</u>			 Payroll √	
	8000 WARREN PKWY STE 100	\$ 6,000	Noncash \square	
	FRISCO, TX 750342231		(Complete Part II for noncash	
			contribution)	

(a) No. (c) Name, address, and ZIP + 4 Total contributions Type of contribution FAIRWAY INDEPENDENT MORTGAGE BRANCH 811 Person

(Complete Part II for noncash contribution)



Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

CHANDLER, AZ852255819