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Department of the Treasury

Internal Revenue Service

DLN: 93491319035659

2018

OMB No 1545-0052

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.

Open to Public

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018 A Employer identification number AMERICAN WARRIOR INITIATIVE INC 47-3566126 Number and street (or P O box number if mail is not delivered to street address) 4750 S BILTMORE LN B Telephone number (see instructions) (608) 571-0508 City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53718 ${f C}$ If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation ✓ Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) >\$ 1,497,847 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach 920,744 schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 5.668 5.668 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 . . 926,412 5,668 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 8,250 8,250 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 7,487 23 Other expenses (attach schedule) 14,971 7.484 Total operating and administrative expenses. 24 Add lines 13 through 23 23,221 7,484 15,737 661,692 635,394 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 684,913 7,484 651,131 27 Subtract line 26 from line 12 Excess of revenue over expenses and 241,499 disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) . . .

1,221,463

121,123

121,324

663,664

436,475

1,100,139

1,221,463

9

201

0

1,497,847

6,572

122,749

26,888

156,209

1,088,990

1,341,638

1,497,847

2

3

4

5

6

1,100,139

1,341,638

1.341.638 Form 990-PF (2018)

241,499

0

0

252,648

580

1,497,847

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > .

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

Inventories for sale or use

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Accounts payable and accrued expenses

set	

7

8

9

10a

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29 Net 30

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

b C

Part	Capital Gains	and Losses for Tax on Invest	ment Income				
		pe the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquire P—Purchas D—Donatio	se [(c) Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	a						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) r other basis pense of sale		Gain o	h) r (loss)) mınus (g)
a							
b							
<u> </u>							
d							
e	C 11 1 C 1			12/21/60			
	Complete only for assets	s showing gain in column (h) and ow (j)	ned by the foundation	(k)			l) h) gain minus
	(i) F M V as of 12/31/69	Adjusted basis		s of col (ı) ol (յ), ıf any	(col (k), but not	less than -0-) or om col (h))
a							
b							
С							
d							
е							
2	Capital gain net income	e or (net capital loss)	If gain, also enter in If (loss), enter -0- in		} 2		
3	Net short-term capital	gain or (loss) as defined in sections 1	1222(5) and (6)				
	If gain, also enter in Pa	art I, line 8, column (c) (see instruction	ons) If (loss), enter -	0-	-11		
	ın Part I, line 8				} \ _ 3		
Par	t V Qualification I	Under Section 4940(e) for Re	duced Tay on Ne	t Investment	t Incom		
		private foundations subject to the sec					
,1010	phonai use by domestic p	onvate roundations subject to the set	ction 4940(a) tax on i	iet ilivestillelit il	ilcome)		
f sect	tion 4940(d)(2) applies, le	eave this part blank					
		ne section 4942 tax on the distributal ot qualify under section 4940(e) Do			eriod?	☐ Ye	es 🔽 No
1	Enter the appropriate an	nount in each column for each year,	see instructions before	e making any e	ntries		
	(a) use period years Calendar r (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharita	ble-use assets	(cc	(d) Distribution ration of (b) divided by continuous	
,	2017	326,262		726,011	(3.		0 449390
	2016	351.862		198 409			1 773/119

201,208

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

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

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

8 Enter qualifying distributions from Part XII, line 4

72,465

2

3

4

5

6

7

8

Page 3

2 776623

4 999431

1 666477

1,256,756

2,094,355

2,094,355

651,131

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0

2015

2014 2013 2 Total of line 1, column (d)

5 Multiply line 4 by line 3

7 Add lines 5 and 6 . .

instructions

Page **6**

	Statements Regard	iiiig	ACTIVITIES TO WITHCH	Form 4720 May Be	Required	Continue	:u)				
5a	During the year did the foundation p	oay o	r incur any amount to							Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Ves	✓ 1	No			
	(2) Influence the outcome of any sp	pecific	c public election (see sect	tion 4955), or to carry				"			
	on, directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organizati in section 4945(d)(4)(A)? See in			· -	d • •						
	(5) Provide for any purpose other th					✓ Yes	ш	No			
	educational purposes, or for the					п.,	✓ 1				
b	If any answer is "Yes" to $5a(1)-(5)$,		•		ceptions desc	Yes	V	No			
	Regulations section 53 4945 or in a		=						5b		No
	Organizations relying on a current n					•					
c	If the answer is "Yes" to question 5a						Ш				
_	tax because it maintained expenditu			•							
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)		∐ Yes	ш	No			
6 a	Did the foundation, during the year,				ums on						
b	a personal benefit contract? Did the foundation, during the year,				nefit contract	Yes	. V	No	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter tra	nsaction?	☐ Ves	✓ 1	No			
b	If yes, did the foundation receive ar	y pro	ceeds or have any net in	come attributable to the	transaction?			' ' '	7 b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remunerat	ion or					
	excess parachute payment during th	ne ye	ar [?]			Yes	✓	No L			
	Information About (Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Hi				ees,	,	
Pa	and Contractors		, ,	•		· .		• •	•		
1	List all officers, directors, trustee	es, fo	oundation managers ar	nd their compensation	. See instruc	tions					
	(a) Name and address		b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)		ributions t nefit plans	s and			ise acc Ilowan	
See .	Additional Data Table		devoted to position	-0-)	dererred c	ompensaci					
	Tadicional Baca Table	1									
		1									
		1									
		-									
	Compensation of five highest-pa	id en	anlovees (other than th	nose included on line	 1 —see instru	ctions) 1	[f non	e en	tor "	NONE	71
	compensation of five ingliest pa	iu cii				ributions t		C, C.I.			<u> </u>
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	employ plans ar	ee benefit nd deferred ensation				se acco	
NON	E										
				1	+		+				
Tota	l number of other employees paid ov	er \$5	0,000			<u>. ▶</u>					0
								Form	ո 990	0-PF (2018)

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(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 service	s	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inc		Expenses
organizations and other beneficiaries served, conferences convened, research paper		
1 THE AMERICAN WARRIOR INITIATIVE HAS REACHED OVER 25,000 THE AMERICAN WARRIOR REAL ESTATE PROFESSIONAL (AWREP)		
CHALLENGES FACING MEN AND WOMEN WHO HAVE SERVED IN TH	HE MILITARY WHEN RETURNING FROM WAR IN	
2018, AWI LAUNCHED FREEDOM TOURS WITH GOLD STAR MOM K -AS A MOM WHOSE SON WAS KILLED IN ACTION IN AFGHANISTAI		
OUR OBLIGATION AS EVERYDAY CITIZENS TO HONOR THE SACRIF		
FREEDOM AWI HAS SPEARHEADED MORE THAN 100 GIVE-BACK IN		
AMERICA THESE WOUNDED HEROES HAVE BEEN SERVED THROUGH	GH MORTGAGE-FREE HOUSING, BUSINESS	661,692
2		001,032
<u>-</u>		
3		
<u> </u>		
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments	(coo instructions)	
Describe the two largest program-related investments made by the foundation	<u>'</u>	Amount
1	during the tax year on lines I and 2	Amount
<u> - </u>		
-		
2		
<u> </u>		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	0
		Form 990-PF (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

651.131

651.131

Form 990-PF (2018)

62,838

62,838

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0

2018

Form 990-PF (20	018)
Part XIII	Und

990-PF (2	018)		
t XIII	Undistributed Income	(see	instructions)

b Total for prior years

d From 2016. . . .

e From 2017.

From 2013. **b** From 2014. . . . c From 2015. .

Distributable amount for 2018 from Part XI, line 7

198 290

341.942 289,961

198,290

341.942

289.961

588.293

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not applied on line 5 or line 7 (see instructions) . . .

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

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, 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 required—see instructions). (a)

Corpus

830.193

588.293

1,418,486

1,418,486

(b)

Years prior to 2017

(c)

2017

factors

PRIORITIES

	Part XIV Private Operating Found	dations (see instri	uctions and Part V	II-A, question 9)				
1a	If the foundation has received a ruling or do foundation, and the ruling is effective for 2							
b	Check box to indicate whether the organiza	tion is a private opera	atıng foundatıon dese	cribed in section	4942(j)(3) or	4942(J)(5)		
2a	Enter the lesser of the adjusted net	Tax year Prior 3 years						
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total		
	year listed							
b	85% of line 2a							
С	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							
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test—enter							
	(1) Value of all assets(2) Value of assets qualifying							
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3							
	of minimum investment return shown in Part X, line 6 for each year listed							
С	"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							
	(4) Gross investment income	1						
	Supplementary Information assets at any time during the	ne year—see inst		foundation had s	55,000 or more i	n 		
1 a	Information Regarding Foundation Mar List any managers of the foundation who ha before the close of any tax year (but only i	ve contributed more				ı		
b	List any managers of the foundation who ov ownership of a partnership or other entity)	n 10% or more of th	e stock of a corporat	tion (or an equally la				
2	Information Regarding Contribution, G							
	Check here $ ightharpoonup$ If the foundation only ma	kes contributions to p	preselected charitable	e organizations and	does not accept			
	unsolicited requests for funds If the found other conditions, complete items 2a, b, c, a	ation makes gifts, gra and d See instruction	ants, etc to individua is	als or organizations	under			
а	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed			
	AMERICAN WARRIOR INITIATIVE 4750 S BILTMORE LN							
	MADISON, WI 53718 (724) 900-6045							
	AWI@FAIRWAYMC COM							
b	The form in which applications should be su	ıbmıtted and ınforma	tion and materials th	ney should include				
_	SEE VETERAN SUPPORT FORM AT WWW AN	1ERICANWARRIORIN:	ITIATIVE COM/VETER	RAN-SUPPORT-FORM	1			
C	Any submission deadlines							
	NONE							

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



	nter gross amounts unless otherwise indicated		usiness income	Excluded by section	(e) Related or exemp	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees a	and contracts from government agencies					
	rship dues and assessments t on savings and temporary cash					
				14	5,668	
	ds and interest from securities tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income.					
	(loss) from sales of assets other than					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
1 Other n	evenue a					
с						
е						
a color	al Add columns (b), (d), and (e)					
∠ Subtota 3 Total	Add line 12 columns (b) (d) and (e)		0	1	5,668	
3 Total.	Add line 12, columns (b), (d), and (e)	lations)		1	5,668 3	
3 Total. A	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the	lations) le Accomplisi	nment of Exem	pt Purposes	3	5,668
3 Total. A (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
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3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
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3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668
3 Total. A (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations) le Accomplisi income is report	nment of Exempled in column (e) of	1 pt Purposes F Part XVI-A contribu	3	5,668

, (20	,10)
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
	Exclipt Organizations

Part	XATI	Exempt Organi	zations								
1 Did	the org	anization directly or in han section 501(c)(3)	directly enga						on 501	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of											
(1) Cash									. 1a(1	.)	No
` '		assets							. 1a(2	2)	No
		sactions									١
		of assets to a nonchari		-					1b(1	-	No
		ases of assets from a n l of facilities, equipmer							1b(2	+	No No
		oursement arrangemen	· ·						. 1b(4	+	No
		or loan guarantees.							. 1b(!	_	No
		nance of services or m							. 1b(6	-	No
٠.		facılıtıes, equipment, n	•	_					. 1c	1	No
		er to any of the above									•
		ls, other assets, or ser saction or sharing arra									
Ша	ny uan	Saction of Sharing arra	ngement, sn	ow in column (e	u) the value of t	ne good	is, other asset	is, or services receiv	veu		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(b)	Description of	transfers, transactions,	and sharing ar	rangemer	nts
2a Is th	ne foun	dation directly or indire	ectly affiliate	d with, or relate	ed to, one or mo	re tax-e	exempt organi	zations	_		
		n section 501(c) (other		n 501(c)(3)) or	ın section 527?			⊔ _{Y€}	es 🗹 No		
b If "\	es," co	mplete the following so		1							
		(a) Name of organization	on	(b) Type of organiz	ation		(c) Description	of relationship		
	of my	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c								
Sign	*	****	Wieuge		2019-11-15		*****		May the IRS return	discuss t	his
Here									with the pre below	oarer sho	wn
	' s	ignature of officer or ti	rustee		Date		Title		(see instr)?	✓ Yes	□ _{No}
		Print/Type preparer's	name	Preparer's Sigi	nature	Date	e	Check if self-	PTIN		
		GLENN MILLER CPA	4					employed ▶ □	P000	86726	
Paid			•								
Prep.		Firm's name ► WEG	NER CPAS L	LP					Fırm's EIN ►3	9-09740	031
JJC (~··· y	Firm's address ▶ 29	21 LANDMAI	RK PL STE 300							
		MA	ADISON, WI	537134236					Phone no (60	8) 274-	4020
		'"									

Form 990PF Part VII-A Line 8a

Enter the states to which the foundation reports or with which it is registered			.K, AR, CA, CO, CT, DC, FL, (NJ, NM, NY, NC, ND, OH, OK		
Form 990PF Part VIII Line 1 - L	ist all officers, direc	tors,	trustees, foundation	managers and their	compensation
(a) Name and address	Title, and ave hours per we (b) devoted to pos	eek	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEVEN JACOBSON	PRESIDENT		0	0	0
4750 S BILTMORE LANE MADISON, WI 537182108	1 00				
TODD GAVINSKI	DIRECTOR		0	0	0
4750 S BILTMORE LANE MADISON, WI 537182108	1 00				
LEONARD KRUPINSKI	DIRECTOR		0	0	0
4750 S BILTMORE LANE MADISON, WI 537182108	1 00				
SEAN PARNELL	DIRECTOR		0	0	0
4750 S BILTMORE LANE MADISON, WI 537182108	1 00				
LOUISE THAXTON	DIRECTOR		0	0	0
4750 S BILTMORE LANE MADISON, WI 537182108	1 00				

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
A TRIBUTE TO VETERANS OF ADAMS COUNTY INC PO BOX 404	N/A	NC	DONATION TO VETERAN'S MEMORIAL	4,000

FRIENDSHIP, WI 539340404				
AHERO775 OLD MONTGOMERY HWY SHORTER, AL 360753764	N/A	PC	DONATION FROM ALABAMA BOOT CAMPS	16,000
AMERICAN LEGION POST 742	N/A	NC	DONATION MEMORIAL MILE	3,000

AHERO775 OLD MONTGOMERY HWY	NI/A			
SHORTER, AL 360753764	N/A	PC	DONATION FROM ALABAMA BOOT CAMPS	16,000
AMERICAN LEGION POST 742 1557 YORBA ST CORONA, CA 928821723	N/A	NC	DONATION MEMORIAL MILE MARCH	3,000

SHORTER, AL 360753764	N/A	PC	BOOT CAMPS	16,00
AMERICAN LEGION POST 742 1557 YORBA ST CORONA, CA 928821723	N/A	NC	DONATION MEMORIAL MILE MARCH	3,00

Recipient Foundation Purpose of grant or If recipient is an individual, 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				
4301 S VALLEY VIEW BLVD STE 2	NONE	I	CANCER TREATMENT IN MEXICO	15,000

LAS VEGAS, NV 891034007				
BRIAN VALLANDINGHAM158 VILLA DR WALTON, KY 410949333	NONE	I	CAMERA SYSTEM	1,195

BRIAN VALLANDINGHAM158 VILLA DR WALTON, KY 410949333	NONE	I	CAMERA SYSTEM	1,195
CHANCE RUFFINO1500 ALLISON ST	NONE	I	HOTEL EXPENSES	620

WALTON, KY 410949333				
CHANCE RUFFINO1500 ALLISON ST BRENHAM, TX 778335957	NONE	I	HOTEL EXPENSES	620

CHANCE RUFFINO1500 ALLISON ST BRENHAM, TX 778335957	NONE	I	HOTEL EXPENSES	620

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 NONE 2,000 CHRIS CHAPUT828 AIKEN AVE FINANCIAL ASSISTANCE

DEDDVATLLE MD 210022720

CORONA, CA 928791612

904 E 6TH ST

PERKTVILLE, MD 219032738				
CONNIE BABINEAUX 306 W LAFAYETTE ST ABBEVILLE, LA 705104626	NONE	I	FINANCIAL SUPPORT TO HELP WITH SON'S FUNERAL COST (VETERAN)	5,500
CORONA CHAMBER FOUNDATION	N/A	PC	HONORING VETERANS	5,000

BREAKFAST

▶ 3a

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CRAIG WALLACE562 NE LARCH AVE REDMOND, OR 977567675	NONE	I	FINANCIAL ASSISTANCE	4,571

REDMOND, OR 977567675	NONE	-	TIMANCIAE ASSISTANCE	7,371
CUSTOM CANINES 610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/MM AND MADISON/LAS VEGAS	65,450

6610 FIELDWOOD RD MADISON, WI 537181821			MADISON/LAS VEGAS	
CUSTOM CANINES 6610 FIELDWOOD RD MADISON WI 537181821	N/A	PC	CUSTOM CANINES/PHILADEPHIA/LOVELAND	30,000

CUSTOM CANINES 6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/PHILADEPHIA/LOVELAND GALA	30,00
Total			▶ 3a	524,303

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

CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/JAMINSON SWEET ST LOUIS	15,000
CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/ JOSHUA WEBSTER FEB 21	10,000

CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/ JOSHUA WEBSTER FEB 21	10,000
CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/ QUINCY	10,000

524,303

11/1015011, 111 55/101021			WEBSTERTEBEI	
CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/ QUINCY KASPER FEB 22	10,00

CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/ QUINCY	10,0
MADISON, WI 537181821			KASPER FEB 22	

Total .

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

CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/ SEAN DALTON MARCH 7	10,000
CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/DOUG LEWIS	10,000

CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/DOUG LEWIS MARCH 8	10,00
CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/DERRICK	6.50

ı	11/1015011, 111 55/101021			TIMILETT 0	
	CUSTOM CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/DERRICK BROOKS/PAULETTE GEORGE	6,500

CUSTOM CANINES6610 FIELDWOOD RD	N/A	PC	CUSTOM CANINES/DERRICK	6,50
MADISON, WI 537181821			BROOKS/PAULETTE GEORGE	

524,303

COSTOM CANTINESOOTO LIEFDMOOD KD	IN/A	PC	COSTOM CANTINES/DERRICK	0,3
MADISON, WI 537181821			BROOKS/PAULETTE GEORGE	

Total .

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 CANINES6610 FIELDWOOD RD MADISON, WI 537181821	N/A	PC	CUSTOM CANINES/MARK DUNN TRAINING	2,600

ADI3ON, WI 337181821			TRAINING	
ARBY'S WARRIOR SUPPORT 10 S MAIN ST STE C	N/A	PC	DONATION FROM ARKANSAS BOOT CAMP	

Total . .

DARBY'S WARRIOR SUPPORT 110 S MAIN ST STE C SEARCY, AR 721435426	N/A	PC	DONATION FROM ARKANSAS BOOT CAMP	10,000
· · · · · · · · · · · · · · · · · · ·				

SEARCY, AR 721435426			3001 3.111	
DENNIS DAVIS16755 XYLITE ST NE	NONE	I	FINANCIAL ASSISTANCE	3,495

<u>'</u>				
DENNIS DAVIS16755 XYLITE ST NE	NONE	I	FINANCIAL ASSISTANCE	3,495
ANDOVER, MN 553045026				

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 DOUG REYNOLDS NONE HOME REPAIRS 15,000 10541 WASHINGTON BLVD

INDIANAPOLIS, IN 462801369				
EJ FOGEL7893 BRENTWOOD BLVD BRENTWOOD, CA 945131056	NONE	I	LIFT CHAIR/INSTALLATION	2,433
FOREST LAWN EAST CEMETERY 3700 FOREST LAWN DR	N/A	NC	WREATHS ACROSS AMERICA	2,500

524,303

▶ 3a

MATTHEWS, NC 281047366

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 FRANCIS LOUIE DE LA CRUZ NONE FINANCIAL ASSISTANCE 15,000 4102 CEDROCK COURT

ALEXANDRIA, VA 22306				
GREENFIELD VETERANS HONOR GUARD 1104 GRAYSON DR GREENFIELD, IN 461402809	N/A	PC	DONATION TO COLOR GUARD - INDIANAPOLIS BOOT CAMOP	200
HONOR FLIGHT OF SOUTHERN COLORADO PO BOX 50816 COLORADO SPRINGS, CO 809490816	N/A	PC	HONOR FLIGHT DONATION	5,000

Total .

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

a Paid during the year				
JEREMY CARTER101 ANNIE RD RICHLANDS, NC 285748327	NONE	I	CAR RENTAL TO SEE DAUGHTER GRADUATE	866

JEREMY WALSH6550 W 96TH AVE WESTMINSTER, CO 800216432	NONE	I	MORTGAGE PAYMENT ASSISTANCE	5,253
·	·	, and the second		•

WESTMINSTER, CO 800216432			ASSISTANCE	
JERRY BLEVINS2621 E 26TH ST NO	IONE	I	BRANCH 530 NO EVENT	8,026

JERRY BLEVINS2621 E 26TH ST	NONE	I	BRANCH 530 NO EVENT	8,026
MUNCIE, IN 473025548			FINANCIAL ASSISTANCE	

524,303

ERRY BLEVINS2621 E 261H ST	NONE	1	BRANCH 530 NO EVENT	8,0
MUNCIE, IN 473025548			FINANCIAL ASSISTANCE	

Total .

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				
JOSH ABATOYE15450 FM 439	NONE	I	TEMPLE BOOT CAMP - BOAT	13,612

KILLEEN, TX 765438016				
KEVIN JENSEN27507 ROCK ISLAND RD HEMPSTEAD, TX 774458853	NONE	I	BRYAN, TX BOOT CAMP	2

KEVIN JENSEN27507 ROCK ISLAND RD HEMPSTEAD, TX 774458853	NONE	I	BRYAN, TX BOOT CAMP	21,000
MADISON CAPITOLS HOCKEY USHL	N/A	PC	SEATS FOR SOLDIERS	500

MADISON CAPITOLS HOCKEY USHL	N/A	PC	SEATS FOR SOLDIERS	500
2616 PLEASANT VIEW RD				
MIDDLETON, WI 535624805				

Total			▶ 3a	524,303
2616 PLEASANT VIEW RD MIDDLETON, WI 535624805				
MADISON CAPITOLS HOCKEY USHL	N/A	PC	SEATS FOR SOLDIERS	50

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor is a status of recipient is an individual, show any relationship to any foundation manager or substantial contributor is a status of recipient is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual, show any relationship to any foundation manager or substantial contributor is an individual manager or substantial

MAVEDICKS CONSTDUCTION & DEDAID

Total .

I NI/A

4419 CENTENNIAL BLVD 262 COLORADO SPRINGS, CO 809073739	19/0	NC .	VET TRAINING FOR	3,003
NATIONAL ABILITY CENTER 1000 ABILITY WAY	N/A	PC	DONATION FROM PARK CITY BOOT CAMP	15,000

LNC

AEA LINIT/EDSITY TRAINING FOR

▶ 3a

3 883

1000 ABILITY WAY PARK CITY, UT 840607464	IN/A	Ŷ.	BOOT CAMP	15,000
NEADS305 REDEMPTION ROCK TRL S PRINCETON, MA 015411211	N/A	PC	CORNHOLE TOURNAMENT PROCEEDS	3,704

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

or substantial contributor

Total .

a Paid during the year				
NEXT STEP SERVICE DOGS 921 S ANDREASEN DR ESCONDIDO CA 920291934	N/A	PC	DONATION	20,000

20,000

1	OPERATION DELTA DOC	8178	200	CED/ACE DOCC	
	NORTHWEST BATTLE BUDDIES PO BOX 2511 BATTLE GROUND, WA 986042511	N/A	PC	SERVICE DOG FOR STEVE CEDDIA	

PO BOX 2511 BATTLE GROUND, WA 986042511			CEDDIA	
OPERATION DELTA DOG 19G CLINTON DR	N/A	PC	SERVICE DOGS	20,000

BATTLE GROUND, WA 986042511				
OPERATION DELTA DOG 19G CLINTON DR HOLLIS, NH 030496595	N/A	PC	SERVICE DOGS	20,000

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

DARKER ORMORY	NONE	_	DELINCH	10.000
OPERATION K93770 PATTYS WAY SPRING BRANCH, TX 780706399	N/A	PC	OPERATION K9 FOR THOMAS BRINCH	10,000
a Paid during the year				

PARKER ORMSBY 5020 CROMWELL DR APT 634 KYLE, TX 786406548	NONE	I	HELP WITH PAYMENT OF BILLS	10,000
DALIL LA CHANCEEGA DIVEDVIEN DE	NONE	l .	DAGE EVEENIGES	422

524,303

KYLE, TX 786406548				
PAUL LA CHANCE501 RIVERVIEW DR GRAND JUNCTION, CO 815071413	NONE	I	RACE EXPENSES	433

Total . .

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				
PHILLIP BLACKMON6018 SHATTUCK DR GARLAND, TX 750443752	NONE	I	HOUSTON BOOT CAMP FINANCIAL ASSISTANCE	20,000

GARLAND, TX 750443752			FINANCIAL ASSISTANCE	
PROJECT VETERANS PRIDE 4106 N 22ND ST	N/A	PC	DONATION CHRISTEEN VERCHOT-VET	10,000
DUDENTY AT DEDICATED				

PROJECT VETERANS PRIDE 4106 N 22ND ST PHOENIX, AZ 850166168	N/A	PC	DONATION CHRISTEEN VERCHOT-VET	10,000
RACHEL HARRIS1807 W BEVERLEY ST	NONE	I	RENT ASSISTANCE	1.500

PHOENIX, AZ 850166168				
RACHEL HARRIS1807 W BEVERLEY ST STAUNTON, VA 244012913	NONE	I	RENT ASSISTANCE	1,500

RACHEL HARRIS1807 W BEVERLEY ST STAUNTON, VA 244012913	NONE	I	RENT ASSISTANCE	1,500

Total .

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
RICHARD HOPKINS 397 DUG LECKIE CUT OFF POLLOCK, LA 71467	NONE	I	FINANCIAL ASSISTANCE TORNADO	5,000
RUSS MAYO	NONE	I	NO EVENT FINANCIAL	2,000

5124 PEACHTREE RD APT 121 CHAMBLEE, GA 303413016	NONE	1	ASSISTANCE	2,000
SALVATION ARMY 5600 RICKENBACKER RD BLDG 2AB BELL, CA 902016694	N/A	PC	DONATION HOMELESS VETERANS CHRISTMAS DINNER	3,500

	RUSS MAYO 5124 PEACHTREE RD APT 121 CHAMBLEE, GA 303413016	NONE	I	NO EVENT FINANCIAL ASSISTANCE	2,
,	SALVATION ARMY 5600 RICKENBACKER RD BLDG 2AB	N/A	PC	DONATION HOMELESS VETERANS CHRISTMAS DINNER	3,

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

SAM HOOD213 S WALKUP AVE CRYSTAL LAKE, IL 600146132	NONE	I	FINANCIAL ASSISTANCE	5,000
SERVICE DOGS FOR AMERICA 920 SHORT ST JUD, ND 584544021	N/A	PC	NORTH DAKOTA SVC DOG	10,000

JUD, ND 584544021				
SHANNON BECKER 6788 PRAIRIE VIEW DR SUN PRAIRIE, WI 535909425	NONE	I	FINANCIAL ASSISTANCE	9,785

I .				
SHANNON BECKER 6788 PRAIRIE VIEW DR SUN PRAIRIE, WI 535909425	NONE	I	FINANCIAL ASSISTANCE	9,785

Total .

Recipient If recipient is an individual, Purpose of grant or 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				
UNIVERSITY OF DELAWARE 631 S COLLEGE AVE	N/A	GOV	SEATS FOR SOLDIERS	500

NEWARK, DE 197162010				
VA LOMA LINDA11201 BENTON ST LOMA LINDA, CA 923571000	N/A	PC	DONATION FROM CORONA LTW 5K	3,500
VERNON PARISH CHAMBER OF	N/A	PC	WELCOME HOME SPONSOR	2,500

VA LOMA LINDA11201 BENTON ST LOMA LINDA, CA 923571000	N/A	PC	DONATION FROM CORONA LTW 5K	3,500
VERNON PARISH CHAMBER OF COMMERCE PO BOX 1228 LEESVILLE, LA 714961228	N/A	PC	WELCOME HOME SPONSOR	2,500
Total			▶ 3a	524,303

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				
VETERANS NONPROFIT4317 DYER ST EL PASO, TX 799306732	N/A	PC	DONATION EL PASO BOOT CAMP	7,500

VETERANS WORKSHOP4317 DYER ST EL PASO, TX 799306732	N/A	PC	PROJECT WELCOME HOME TROOPS	1,000
VFW POST 7591	N/A	PC	DONATION FOR COLOR GUARD	500

VFW POST 7591 N/A PC DONATION FOR COLOR GUAR MADISON, WI 537161107 PC MADISON, WI 537161107	RD 500

Total . .

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
VIETNAM VETS CHAPTER 635	N/A	PC	DONATION - COLOR GUARD	250

OCONOMOWOC N50W35206 WISCONSIN AVE OCONOMOWOC, WI 530663342			PEWAUKEE BOOT CAMP	
WALTER DAVIS5708 FLINSTONE DR	NONE	I	FINANCIAL ASSISTANCE	582

OCONOMOWOC, WI 530663342				
WALTER DAVIS5708 FLINSTONE DR WESTERVILLE, OH 43081	NONE	I	FINANCIAL ASSISTANCE	582
WILL STORCH 801 FREEMONT ST E STE 2	NONE	I	SAKATAH CHALLENGE	1,000

·				
WALTER DAVIS5708 FLINSTONE DR WESTERVILLE, OH 43081	NONE	I	FINANCIAL ASSISTANCE	582
WILL STORCH 801 FREEMONT ST E STE 2 WATERVILLE, MN 560961571	NONE	I	SAKATAH CHALLENGE SCHOLARSHIP	1,000

WESTERVILLE, OH 43081				
WILL STORCH 801 FREEMONT ST E STE 2 WATERVILLE, MN 560961571	NONE	I	SAKATAH CHALLENGE SCHOLARSHIP	1,000
				(

Total	 	▶ 3a	524,303
801 FREEMONT ST E STE 2 WATERVILLE, MN 560961571		SCHOLARSHIP	

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

(or substantial contributor			
a Paid during the year				
ZACHARY HERRICK11903 DAISY IN	NONE	1	NEW CAR	17.845

ZACHARY HERRICK11903 DAISY LN	NONE	I	NEW CAR	17,
FREDERICKSBURG, VA 224078513				

Name and address (home or business)

ZACHARI HERRICKII 903 DAISI LN	INOINE	1	INEW CAR	17,0
FREDERICKSBURG, VA 224078513				

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	Data -	D	LN: 93491319035659				
TY 2018 Accounting Fe	es Schedule							
J								
Name: AMERICAN WARRIOR INITIATIVE INC EIN: 47-3566126								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
ACCOUNTING	8,250	0		8,250				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491319035659			
TY 2018 Other Expenses Schedule							
Name: AMERICAN WARRIOR INITIATIVE INC							
EIN:	47-3566126						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

14,971

7,484

BANK FEES AND SERVICE CHARGES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319035659			
TY 2018 Other Liabilities Schedule						
Name:	AMERICAN WA	ARRIOR INITIATIVE INC				
EIN:	47-3566126					
Descriptio		Beginning of Yea	r End of Year -			
Description	11	- Book Value	Book Value			
DUE TO FAIRWAY INDEPENDENT MORTO	GAGE CORPORATI	ON	0 26,888			

efile GRAPHIC print - I	OO NOT PROCESS	As Filed Data -				DLN: 93491319035659
Schedule B		Schedu	ıle of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990 ov/Form990 for the latest i			2018
Name of the organizat					Employer id	entification number
					47-3566126	
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization			
	☐ 4947(a)(1) nonexempt char	ritable trust not treated a	s a private founda	tion	
	☐ 527 polit	ical organization				
Form 990-PF	☑ 501(c)(3) exempt private fo	undation			
	☐ 4947(a)(1) nonexempt char	ritable trust treated as a p	orivate foundation		
	☐ 501(c)(3) taxable private for	undation			
			PF that received, during t omplete Parts I and II S			
Special Rules						
under sections a received from a	509(a)(1) and 170(b))(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	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 o	contributions exclusecked, enter here the complete any of the	sively for religious, e total contributions parts unless the Ge	or (10) filing Form 990 c 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 one as organization be	tributions tota e <i>xclusively</i> rel cause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively
990-EZ, or 990-PF), bu	t it must answer "No	o" on Part IV, line 2	le and/or the Special Ru , of its Form 990, or chec t it doesn't meet the filing	ck the box on line I	H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization AMERICAN WARRIOR INITIATIVE INC

Employer identification number

ERICAN	WARRIOR INITIATIVE INC		47-35661	26
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space	ıs needed		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$-		Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(Complete Part II for noncash contribution) (d) Type of
	Hume, address, and 2n 14	\$ - \$		Contribution Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	contribution) (d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		_ 		Person Payroll Noncash
(a)	(b)		(c)	(Complete Part II for noncash contribution)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution Person Payroll
		\$ -		Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		- - - -		Person Payroll Noncash (Complete Part II for noncash contribution)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization AMERICAN WARRIOR I		Employer ident	ification number
AMERICAN WARRIOR I	NITIATIVE INC	47-35	566126
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
=			
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Software ID:

Software Version:

EIN: 47-3566126

Name: AMERICAN WARRIOR INITIATIVE INC

Form 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 contrib	oution
	PATTERSON SCHWARTZ FOUNDATION		Person	
1	7234 LANCASTER PIKE STE 300B	_	Payroll	
		\$ 12,500	Noncash	
	HOCKESSIN, DE 197079273		(Complete Part II f contribution	
2	FAIRWAY INDEPENDENT MORTGAGE BRANCH 885		Person	
2	37156 REHOBOTH AVENUE EXT UNIT 1	_	Payroll	✓
		\$ 12,500	Noncash	
	REHOBOTH BEACH, DE 199713104		(Complete Part II f contributioi	
2	FAIRWAY INDEPENDENT MORTGAGE BRANCH 245		Person	
3	801 ESTELLE DR FL 1		Payroll	✓
		\$ 6,000	Noncash	
	LANCASTER, PA 176012136		(Complete Part II f contribution	
,	FAIRWAY INDEPENDENT MORTGAGE BRANCH 365		Person	
4	3923 S GENERAL BRUCE DR		Payroll	✓
	TEMPLE TV 765024026	\$ 19,500	Noncash	
	TEMPLE, TX 765021026		(Complete Part II f contribution	
_	FAIRWAY INDEPENDENT MORTGAGE BRANCH 530		Person	
<u>5</u>	104 E TEXAS ST	\dashv	Payroll	✓
		\$ 15,000	Noncash	
	LEESVILLE, LA 714464054		(Complete Part II f contribution	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 545		Person	
<u>6</u>	300 CONSTITUTION AVE UNIT 203	_	Payroll	✓
		\$ 5,750	Noncash	
	PORTSMOUTH, NH 038018610		(Complete Part II f contribution	

orm 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 contrib	ution
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 691		Person	
<u>7</u>	0200 HAVEDOTICK DD CTF 255		Payroll	<u> </u>
	8200 HAVERSTICK RD STE 255	\$ 6,000	Noncash	
	INDIANAPOLIS, IN 462404333		TTO TTO TTO TTO	
	INDIANAPOLIS, IN 402404353		(Complete Part II f	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 715		Person	
<u>8</u>	514 S STRATFORD RD STE 240	_	Payroll	✓
	3113 311VIII GRD RD 312 210	\$ 12,000	Noncash	
	WINSTON SALEM, NC 271031869			
			(Complete Part II f contribution	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 776		Person	
9	FOR WESTPARK DRIGHT 220		Payroll	<u> </u>
	525 WESTPARK DR STE 330	\$ 5,500	Noncash	
	PEACHTREE CITY, GA 302691577	-		
	FEACHTREE CITY, GA 302031377		(Complete Part II f	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 975		Person	
<u>10</u>	1052 044 0440 DD 055 040		Payroll	
	1952 GALLOWS RD STE 212	\$ 6,000	Noncash	✓
	VIENNA VA 224022022		Holicasii	
	VIENNA, VA 221823823		(Complete Part II f	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 415		Person	П
<u>11</u>			Payroll	
	8000 WARREN PKWY STE 100	\$ 6,000	Noncash	✓
	EDISCO, TV 750343334	- 3 0,000	Holicasii	
	FRISCO, TX 750342231		(Complete Part II f	or noncash
			contribution	
	FAIRWAY INDEPENDENT MORTGAGE BRANCH 875		Person	
12	110 MATTHEWS STATION ST STE 2D	_	Payroll	✓
	TTO PIATTILL WS STATION ST STE ZO	\$ 15,570	Noncash	
	MATTHEWS, NC 281056716			
	MATTIEWS, NC 201030/10		(Complete Part II f	or noncash
		1	contribution	ns)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **✓ EVERBANK** 13 Payroll PO BOX 40766 \$ 5,000 Noncash JACKSONVILLE, FL 322030766 (Complete Part II for noncash contributions) Person **✓ OUILICI FAMILY TRUST** <u>14</u> Payroll 5480 LAURA DR \$ 5,000 Noncash SAN JOSE, CA 951246121 (Complete Part II for noncash

contributions)