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



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.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

| | | |
|---|---|--|
| Name of foundation AMERICAN WARRIOR INITIATIVE, INC. | | A Employer identification number 47-3566126 |
| Number and street (or P.O. box number if mail is not delivered to street address) 4801 S BILTMORE LN | Room/suite | B Telephone number 608-209-3863 |
| City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53718-2108 | | C If exemption application is pending, check here ... <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,221,463. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received | 1,047,160. | | N/A | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 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 Gross profit or (loss) | | | | | |
| 11 Other income | | | | | |
| 12 Total. Add lines 1 through 11 | | 1,047,160. | 0. | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | | 0. |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees | | | | |
| | b Accounting fees STMT 1 | 4,000. | 0. | | 0. |
| | c Other professional fees | | | | |
| | 17 Interest | | | | |
| | 18 Taxes | | | | |
| | 19 Depreciation and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 10,940. | 0. | | 0. |
| | 22 Printing and publications | | | | |
| | 23 Other expenses | | | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 14,940. | 0. | | 0. |
| | 25 Contributions, gifts, grants paid | 451,245. | | | 326,262. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 466,185. | 0. | | 326,262. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 580,975. | | | | |
| b Net investment income (if negative, enter -0-) | | 0. | | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. | | |
|--|---|--|----------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 214,277. | 1,179,427. | 1,179,427. |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | 42,036. | | |
| | Less: allowance for doubtful accounts | | 42,036. | 42,036. |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other | | | | |
| 14 Land, buildings, and equipment: basis | | | | |
| Less: accumulated depreciation | | | | |
| 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. | |
| Liabilities | 17 Accounts payable and accrued expenses | | 201. | |
| | 18 Grants payable | 90,152. | 121,123. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe) | | | |
| 23 Total liabilities (add lines 17 through 22) | 90,152. | 121,324. | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31. | | | |
| | 24 Unrestricted | | 663,664. | |
| | 25 Temporarily restricted | 531,677. | 436,475. | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | 531,677. | 1,100,139. | | |
| 31 Total liabilities and net assets/fund balances | 621,829. | 1,221,463. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 531,677. |
| 2 Enter amount from Part I, line 27a | 2 | 580,975. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 1,112,652. |
| 5 Decreases not included in line 2 (itemize) PRIOR PERIOD ADJUSTMENT | 5 | 12,513. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,100,139. |

Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|----|---|--|--------------------------------------|----------------------------------|
| 1a | | | | |
| b | NONE | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|---|-----------------------|--|---|--|
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---|---|---|--|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | 2 | |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2016 | 351,862. | 198,409. | 1.773418 |
| 2015 | 201,208. | 72,465. | 2.776623 |
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |

| | | | |
|---|--|---|------------|
| 2 | Total of line 1, column (d) | 2 | 4.550041 |
| 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 | 3 | 2.275021 |
| 4 | Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 | 4 | 726,011. |
| 5 | Multiply line 4 by line 3 | 5 | 1,651,690. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 0. |
| 7 | Add lines 5 and 6 | 7 | 1,651,690. |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 326,262. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|--|----|----|----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 0. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 0. |
| 6 Credits/Payments: | | | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a | 0. | |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. | |
| d Backup withholding erroneously withheld | 6d | 0. | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> NONE | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | |
|---|-----------|------------|-----------|
| 5a During the year, did the foundation pay or incur any amount to: | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> | 5b | | X |
| Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A | 7b | | |

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 2 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| SEE STATEMENT 3 | 451,992. |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| 3 | |

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|----|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 737,067. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 737,067. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 737,067. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 11,056. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 726,011. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 36,301. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|----|---|----|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 36,301. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | 2a | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 36,301. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 36,301. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 36,301. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 326,262. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 326,262. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 326,262. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 36,301. |
| 2 Undistributed income, if any, as of the end of 2017: | | | | |
| a Enter amount for 2016 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | 198,290. | | | |
| e From 2016 | 341,942. | | | |
| f Total of lines 3a through e | 540,232. | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ | 326,262. | | | |
| a Applied to 2016, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | | | | 36,301. |
| e Remaining amount distributed out of corpus | 289,961. | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 830,193. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | | 0. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | 830,193. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | 198,290. | | | |
| d Excess from 2016 | 341,942. | | | |
| e Excess from 2017 | 289,961. | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include: 2 a Enter the lesser of the adjusted net income...; 2 b 85% of line 2a; 2 c Qualifying distributions from Part XII...; 2 d Amounts included in line 2c not used directly for active conduct of exempt activities; 2 e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon; 3 a 'Assets' alternative test; 3 b 'Endowment' alternative test; 3 c 'Support' alternative test.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a 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).)

NONE

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.

NONE

2 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 4

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| 1 VETERAN FOUNDATION 9771 N MELANDRA WAY MARANA, AZ 85653-8909 | | PC | TOWARD SERVICE DOG FOR VET | 2,500. |
| ANDREA CARA 5139 LOCHMEAD TER ZEPHYRHILLS, FL 33541-2623 | | I | MOVING EXPENSES | 1,120. |
| BEN LUNAK 5653 WHISKEY RIVER DR COLORADO SPRINGS, CO 80923-4112 | | I | FITNESS EQUIPMENT | 5,761. |
| CHARLES SMITH 148 KENTUCKY DERBY DR CLAYTON, NC 27520-6079 | | I | BATHROOM REMODEL | 6,100. |
| CLAYTON MARSHALL 29611 TURNBURY VILLAGE DR SPRING, TX 77386-3289 | | I | HURRICANE RELIEF | 2,500. |
| Total | SEE CONTINUATION SHEET(S) | | | 326,262. |
| b Approved for future payment | | | | |
| ANDREW JELSIK JR 1230 SHERWOOD ST BUNNELL, FL 32110-6711 | | I | SEPTIC SYSTEM REPAIR | 5,327. |
| BRYAN CHAMBERS 1267 E BONEBRAKE RD VEEDERSBURG, IN 47987-8185 | | I | FINANCIAL ASSISTANCE | 20,000. |
| CHESLEY JOHNSON 44382 260TH ST CANISTOTA, SD 57012-6013 | | I | FINANCIAL ASSISTANCE | 12,144. |
| Total | SEE CONTINUATION SHEET(S) | | | 124,983. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. (with a downward arrow), Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Rows are empty for explanation.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question/Item, Yes, No. Includes questions 1, a, b, c, and d regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains 'N/A' entries.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains 'N/A' entries.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date Title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [] No

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|---|-----------------|
| COLLIN CROSS FAMILY 705 BEVERLY DR COLLEYVILLE, TX 76034-3142 | | I | FUNERAL EXPENSES | 3,000. |
| CONRAD BROWNING 310 E 1ST ST JANESVILLE, MN 56048-9205 | | I | HOT TUB | 5,595. |
| CRAIG WALLACE 562 NE LARCH AVE REDMOND, OR 97756-7675 | | I | FINANCIAL ASSISTANCE | 6,666. |
| CRUISE AUTHORITY 1760 POWERS FERRY RD SE STE 100 MARIETTA, GA 30067-9428 | | NC | DONATION TOWARD WWII VET CRUISE - JESSE KELLY | 400. |
| CUSTOM CANINES 6640 FIELDWOOD RD MADISON, WI 53718-1821 | | PC | SERVICE DOG - CUSTOM CANINES | 10,000. |
| CUSTOM CANINES 6640 FIELDWOOD RD MADISON, WI 53718-1821 | | PC | SERVICE DOG - CUSTOM CANINES DAVID ROBERTS | 10,000. |
| CUSTOM CANINES 6640 FIELDWOOD RD MADISON, WI 53718-1821 | | PC | CUSTOM CANINES SERVICE DOG JILLIAN WERGINZ | 10,000. |
| CUSTOM CANINES 6640 FIELDWOOD RD MADISON, WI 53718-1821 | | PC | CUSTOM CANINES SERVICE DOG - RUSS GUNDLACH | 10,000. |
| CUSTOM CANINES 6640 FIELDWOOD RD MADISON, WI 53718-1821 | | PC | SERVICE DOG CUSTOM CANINES - DAVID HARRIS | 14,000. |
| DENNIS CRIST 636 MEYERKORD LOOP HONOLULU, HI 96818-3473 | | I | SERVICE DOG TRAINING -OFF LEASH K9 TRAINING | 4,600. |
| Total from continuation sheets | | | | 308,281. |

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|---------|
| ELYCIA OSLAND 436 PEBBLE BEACH DR OWATONNA, MN 55060-2160 | | I | SAKATAH CHALLENGE SCHOLARSHIP | 1,000. |
| GUARDIAN SERVICE DOGS - FOR AMY KOVACS 1228 ROYALE DR COLORADO SPRINGS, CO 80910-2020 | | PC | SERVICE DOG TRAINING - GUARDIAN SERVICE DOGS | 10,000. |
| GUARDIAN SERVICE DOGS 1228 ROYALE DR COLORADO SPRINGS, CO 80910-2020 | | PC | SERVICE DOG TRAINING - GUARDIAN SERVICE DOGS | 11,400. |
| HOMEBOUND HEROES 37596 US HIGHWAY 19 N PALM HARBOR, FL 34684-1019 | | PC | DONATION TOWARD HOME FOR VET | 15,000. |
| JAMES THURBER 5122 W OLD HIGHWAY 91 POCATELLO, ID 83204-7300 | | I | SERVICE DOG TRAINING -ACCESS TO SERVICE GROUP | 5,000. |
| JAMES WADE 12646 N CARBINE RD MARANA, AZ 85653-9523 | | I | SERVICE DOG TRAINING -ACCESS TO SERVICE GROUP | 5,000. |
| JASON TOBIN 533 LUCAS CT GRAND JUNCTION, CO 81507-3058 | | I | FINANCIAL ASSISTANCE | 4,000. |
| JENNIFER TOLEDANO 4801 S BILTMORE LN MADISON, WI 53718-2108 | | I | WINTERIZE HOME | 3,913. |
| JONI MARQUEZ 46295 PINE MEADOW DR KING CITY, CA 93930-9763 | | I | MOVING EXPENSES | 1,350. |
| JOSH SUST 5853 BLUE ROCK HILL RD CINCINNATI, OH 45247-2703 | | I | FINANCIAL ASSISTANCE | 5,500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|---------|
| KENNETH TAYLOR 28987 BIRCH GREEN WAY SPRING, TX 77386-1566 | | I | HURRICANE RELIEF | 2,500. |
| LEE CAHILL 4308 RED BLOSSOM WAY APT 303 CHARLOTTE, NC 28277-3062 | | I | AUTO/FINANCIAL ASSISTANCE | 19,848. |
| MATTHEW WILKES 15625 PICKETTS STORE PL HAYMARKET, VA 20169-6144 | | I | SERVICE DOG AND TRAINING | 5,250. |
| MICHAEL FOOTE 4701 144TH ST E TACOMA, WA 98446-4137 | | I | FINANCIAL ASSISTANCE | 2,202. |
| PROJECT SANCTUARY 5440 COUNTY ROAD 41 # 1563 GRANBY, CO 80446-9233 | | PC | RETREATS FOR MILITARY FAMILIES | 43,500. |
| ROBERT SOLOZANO 1707 S 9TH AVE SIOUX FALLS, SD 57105-2111 | | I | FINANCIAL ASSISTANCE | 15,000. |
| RYAN LONG 6895 WARE HOUSE RD GLOUCESTER, VA 23061-5155 | | I | FINANCIAL ASSISTANCE | 10,000. |
| SABRINA BATEMAN 12395 N WELTY RD WAYNESBORO, PA 17268-4030 | | I | SERVICE DOG - PURPOSEFULL PAWS | 5,000. |
| SALVATION ARMY 5600 RICKENBACKER RD BLDG 2AB BELL, CA 90201-6694 | | PC | CHRISTMAS DINNER FOR HOMELESS VETERANS DONATON | 5,000. |
| SARAH COX 8120 DREAM CATCHER CIR NAPLES, FL 34119-9808 | | I | MATTRESS/BOX SPRING | 4,049. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|---------|
| SAVING GRACE K9S 9771 N MELANDRA WAY MARANA, AZ 85653-8909 | | PC | DONATION TOWARD SERVICE DOG | 2,500. |
| SLIPPERY ROCK UNIVERSITY FOUNDATION 104 MALTBY AVE STE 100 SLIPPERY ROCK, PA 16057-1237 | | PC | DONATION TOWARD SERVICE DOG | 5,000. |
| SOLDIERS BEST FRIEND 14505 N 75TH AVE PEORIA, AZ 85381-4702 | | PC | SERVICE DOG FOR VETERAN | 10,000. |
| SPECIAL FORCES ASSOCIATION 194 N MIDDLESEX RD CARLISLE, PA 17013-8493 | | PC | DONATION | 5,000. |
| SUSQUEHANNA SVC DOGS 1078 GRAVEL HILL RD GRANTVILLE, PA 17028-8280 | | NC | DONATION TOWARD SERVICE DOG FOR VET | 5,000. |
| THERESA CHRISTOPHER 2221 SUNSET DR GASTONIA, NC 28054-2951 | | I | TRAVEL EXPENSES TO SON'S BOOT CAMP GRADUATION | 1,500. |
| TRIDENT VETERAN ADAPTIVE PROGRAMS 281 CLARK CT WINDSOR, CO 80550-5844 | | PC | DONATION | 15,000. |
| VFW POST 7591 301 COTTAGE GROVE RD MADISON, WI 53716-1107 | | NC | DONATION FOR COLOR GUARD AT EVENT | 250. |
| VICTORY VETERAN'S HOUSE 105 E KING ST LANCASTER, PA 17602-2803 | | I | DONATION | 7,758. |
| WINSTON HECLEY 550 EXLEY RD S RINCON, GA 31326-3642 | | I | SERVICE DOG TRAINING SD GUNNER FUND | 7,500. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---------------------------------------|----------------|
| DEREK DOSEDEL 720 RAINTREE RD STE B MANKATO, MN 56001-6834 | | I | FINANCIAL ASSISTANCE | 8,000. |
| EJ FOGEL 2949 CORAL ST CORONA, CA 92882-6169 | | I | LIFT CHAIR | 11,002. |
| JARED GOULD 335 LIVE OAK CHURCH RD HINESVILLE, GA 31313-7208 | | I | FINANCIAL ASSISTANCE | 10,000. |
| JOHN WILLIAMS 400 LAZY J DR SMITHFIELD, NC 27577-9207 | | I | BUSINESS WEBSITE | 5,000. |
| OPERATION DELTA DOG PO BOX 121 CHELMSFORD, MA 01824-0121 | | PC | DONATION 3 SERVICE DOGS FOR VETS | 30,000. |
| PAUL LA CHANCE 501 RIVERVIEW DR GRAND JUNCTION, CO 81507-1413 | | I | TRAVEL AND LODGING FOR RACE EVENTS | 3,500. |
| WALTER DAVIS 5408 FLINTSTONE DR WESTERVILLE, OH 43081-4881 | | I | FINANCIAL ASSISTANCE | 2,510. |
| ZEBULON MILLER 624 REMINGTON PARK ROBINSON, TX 76706-7255 | | I | SEPTIC SYSTEM REPAIR | 17,500. |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | 87,512. |

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

AMERICAN WARRIOR INITIATIVE, INC.

Employer identification number

47-3566126

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| | |
|--|---|
| Name of organization AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number 47-3566126 |
|--|---|

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 |
|------------|---|----------------------------|---|
| 1 | PATTERSON SCHWARTZ FOUNDATION 7234 LANCASTER PIKE STE 300B HOCKESSIN, DE 19707-9273 | \$ 18,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 885 37156 REHOBOTH AVENUE EXT UNIT 1 REHOBOTH BEACH, DE 19971-3104 | \$ 18,600. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 245 801 ESTELLE DR FL 1 LANCASTER, PA 17601-2136 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 365 3923 S GENERAL BRUCE DR TEMPLE, TX 76502-1026 | \$ 12,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 530 104 E TEXAS ST LEESVILLE, LA 71446-4054 | \$ 24,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 545 300 CONSTITUTION AVE UNIT 203 PORTSMOUTH, NH 03801-8610 | \$ 9,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number 47-3566126 |
|--|---|

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 |
|------------|--|----------------------------|---|
| 7 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 691 8200 HAVERSTICK RD STE 255 INDIANAPOLIS, IN 46240-4333 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 715 514 S STRATFORD RD STE 240 WINSTON SALEM, NC 27103-1869 | \$ 17,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 776 525 WESTPARK DR STE 330 PEACHTREE CITY, GA 30269-1577 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 975 1952 GALLOWS RD STE 212 VIENNA, VA 22182-3823 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 541 1340 S MAIN ST STE 195 GRAPEVINE, TX 76051-5547 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 415 8000 WARREN PKWY STE 100 FRISCO, TX 75034-2231 | \$ 6,000. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number 47-3566126 |
|---|--|

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 |
|------------|--|----------------------------|---|
| 13 | FAIRWAY INDEPENDENT MORTGAGE BRANCH 811 55 N ARIZONA PL STE 103 CHANDLER, AZ 85225-5819 | \$ 22,440. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number 47-3566126 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number 47-3566126 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

| FORM 990-PF | ACCOUNTING FEES | | | STATEMENT | 1 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| ACCOUNTING | 4,000. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 16B | 4,000. | 0. | | 0. | |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 2

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT | |
|---|--------------------------|-------------------|---------------------------------|--------------------|----|
| STEVEN JACOBSON 4801 S BILTMORE LN MADISON, WI 53718-2108 | DIRECTOR 1.00 | | 0. | 0. | 0. |
| LEONARD KRUPINSKI 4801 S BILTMORE LN MADISON, WI 53718-2108 | DIRECTOR 1.00 | | 0. | 0. | 0. |
| TODD GAVINSKI 4801 S BILTMORE LN MADISON, WI 53718-2108 | DIRECTOR 1.00 | | 0. | 0. | 0. |
| SEAN PARNELL 4801 S BILTMORE LN MADISON, WI 53718-2108 | DIRECTOR 1.00 | | 0. | 0. | 0. |
| LOUISE THAXTON 4801 S BILTMORE LN MADISON, WI 53718-2108 | DIRECTOR 1.00 | | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | | 0. | 0. | 0. |

ACTIVITY ONE

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

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

451,992.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|---|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. AMERICAN WARRIOR INITIATIVE, INC. | Employer identification number (EIN) or 47-3566126 |
| <small>File by the due date for filing your return. See instructions.</small> | Number, street, and room or suite no. If a P.O. box, see instructions. 4801 S BILTMORE LN | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53718-2108 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

TODD GAVINSKI

• The books are in the care of ▶ **4801 S BILTMORE LN - MADISON, WI 53718-2108**
Telephone No. ▶ **608-209-3863** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.