## 990-EZ

Department of the Treasury

## Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

2020 Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service 2020, and ending For the 2020 calendar year, or tax year beginning 20 Name of organization D Employer identification number Check if applicable: Address change 47-3304033 Warrior Freedom Service Dogs Inc X Room/suite E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Initial return Final return/terminated (423) 242-8025 209 Walker Hollow Road Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending Number ▶ Flintstone, GA 30725 H Check ► X if the organization is **not** G Accounting Method: X Cash Accrual Other (specify) Website: required to attach Schedule B Tax-exempt status (check only one) -X 501(c)(3) 501(c)( (Form 990, 990-EZ, or 990-PF). (insert no.) 4947(a)(1) or K Form of organization: X Corporation Other | Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 181,119 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I ...... . . . . X Contributions, gifts, grants, and similar amounts received ................ 177,538 2 2 3,581 3 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (subtract li 5c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ..... c Less: direct expenses from gaming and fundraising events ...... d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 181,119 10 10 11 11 450 12 12 139,129 13 13 2,501 14 Occupancy, rent, utilities, and maintenance 14 29,983 Printing, publications, postage, and shipping .............. 15 15 3,022 16 16 54,518 17 17 229,603 18 (48,484)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 73,958 Other changes in net assets or fund balances (explain in Schedule O) ........... 25,474

0

0

0

390-EZ (2020) Warrior Freedom Service Dogs Inc 47-3304033 art II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any guestion in this Part II (A) Beginning of year (B) End of year 22 73,958 25,474 Land and buildings . . . . . . 23 0 Other assets (describe in Schedule O) 0 24 25 73,958 25,474 Total liabilities (describe in Schedule O) 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 73,958 25,474 Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III . . . . . . . . (Required for section What is the organization's primary exempt purpose? Training of Service Dogs 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. Acquisition of Service Dogs to Veterans with PTSD (Grants \$ 28a ) If this amount includes foreign grants, check here 23,651 29 (Grants \$ ) If this ades foreign grants, check here 29a 30 (Grants \$ ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) 23,651 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Forms W-2/1099-MISC) other compensation benefit plans, and devoted to position (if not paid, enter -0-) deferred compensation Adam N Keith President 20.00 0 0 0 Pete Moore Vice President 10.00 0 0 0 Brad Davis 10.00 0 0 0 Secretary Alan G Doak 5.00 0 0 0 Treasurer Alecia N Keith Board Member 5.00 0 0 0 Dave Childress Board Member 5.00 0 0 0 Wade Priddy Board Member 5.00 0 0 0 Tom Rowland Board Member 5.00 0 0 0

Amy Rutherford 5.00 0 0 0 Board Member Marty Rogers DVM Board Member 5.00 0 0 0 Rick Yount Board Member 0 0 0 5.00 David Allen Board Member 5.00 0 0

47-3304033

£	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. LL</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		-	
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-		
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			_ A
b b		37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	07.5	77	7, 4
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	of If "Yes," complete Schedule L, Part II, and enter the total amount involved	304		
39	Section 501(c)(7) organizations. Enter:	-		
а				
	o Gross receipts, included on line 9, for public use of club facilities	-		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 (	section 4911 > ; section 4912 > ; section 4955	1		
1	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	102		21
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	: "7	,	
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	garage		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	15 Marie	, i	
	transaction? If "Yes," complete Form 8886-T	40e		x
41				
42	a The organization's books are in care of ▶ Adam Keith Telephone no. ▶ 423-2	42-80	025	
	Located at ▶ 209 Walker Hollow Road, Flintstone, GA ZIP+4 ▶ 30725			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	4, 4,		
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43		• • •	▶	7/
	and enter the amount of tax-exempt interest received or accrued during the tax year	-		
			Yes	No
44	4 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		/	
	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		_X_
	completed instead of Form 990-EZ	146		
		44b		_X_
	c Did the organization receive any payments for indoor tanning services during the year?	44c	1904	X
	explanation in Schedule O	44d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Λ	5 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		v
-	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	7Ja		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	7	X.

0-EZ (2020)	Warrior Freedo					304033	<del></del>	⊃age
Did the org	panization engage, directly or indirectly,	in political campaign activities	s on behalf of or in oppos	sition		· · · · · · · · · · · · · · · · · · ·	Yes	No
	tes for public office? If "Yes," complete					46		x
All 50	ection 501(c)(3) Organization section 501(c)(3) organization and 51.	ns must answer questi				tables fo	rlines	S _
Cr	neck if the organization used S	cnedule O to respond	to any question in	this Part V	1		· · ·	<u>. Ll</u>
7 Did the org	ganization engage in lobbying activities	or have a section 501(h) elec	tion in effect during the ta	ax			Yes	No
year? If "Yo	es," complete Schedule C, Part II		,			47		x
Is the orga	anization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule E .	48		х		
a Did the org	ganization make any transfers to an exe	mpt non-charitable related or	ganization?			49a		Х
b If "Yes," wa	as the related organization a section 52	7 organization?		· · · · · · ·	·	49b		
0 Complete	this table for the organization's five high	est compensated employees	(other than officers, dire	ctors, trustees	and key			
employees	s) who each received more than \$100,0	00 of compensation from the	organization. If there is r	none, enter "N	one."			
(a	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, a	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		Estimated amount of other compensation	
	5		N. è	11.20% (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
NONE		CHENT'S COP	Y					
				W.,-				
		0						
		5 3 2		1	1			
	mber of other employees paid over \$100			\$5 1°0				
51 Complete \$100,000	mber of other employees paid over \$100, ethis table for the organization's five high of compensation from the organization.  Name and business address of each independent or	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) I	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) I	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) I	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) I	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) I	e this table for the organization's five high 0 of compensation from the organization	hest compensated independer. If there is none, enter "None			S.F.	) Compensation		
51 Complete \$100,000 (a) !  NONE  d Total nu 52 Did the 6	e this table for the organization's five high 0 of compensation from the organization	hest compensated independed. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization	(b) Type of service  (b) Type of service  ∴ ▶  ions must attach a	9	(c)	Compensation		lo
51 Complete \$100,000  (a) !  NONE  d Total nu  52 Did the complet Under penalties	e this table for the organization's five high of compensation from the organization. Name and business address of each independent comments and business address of each independent comments of other independent contractors e organization complete Schedule A? Note: ted Schedule A	hest compensated independent. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization or the companying section of the companying section.	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, and	e and to the best of	(c)	X Yes		lo
d Total nu 52 Did the complete Under penalties true, correct, an	e this table for the organization's five high of compensation from the organization. Name and business address of each independent comments and business address of each independent comments and business address of each independent comments and compared to the organization complete Schedule A? Note: ted Schedule A	hest compensated independent. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization or the companying section of the companying section.	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, and	nd to the best of y knowledge.	(c)	X Yes		lo
51 Complete \$100,000  (a) !  NONE  d Total nu  52 Did the complet Under penalties	e this table for the organization's five high of of compensation from the organization. Name and business address of each independent compensation of perpanent complete Schedule A? Note: ted Schedule A	hest compensated independent. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization or the companying section of the companying section.	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, and	e and to the best of	(c)	X Yes		lo
d Total nu 52 Did the complete Under penalties true, correct, and Sign Here	te this table for the organization's five high to of compensation from the organization.  Name and business address of each independent compensation completes and so for perjury, I declare that I have examined this address of perjury, I declare that I have examined this address of perjury. I declare that I have examined this address of perjury and the solution of preparer (other the Signature of officer  Adam Keith Signature of officer  Type or print name and title  Print/Type preparer's name	hest compensated independent. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization or the companying section of the companying section.	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, are tion of which preparer has an of the prepare	nd to the best of by knowledge.	(c) my knowledge	X Yes and belief, it i	□ N s	lo
d Total nu 52 Did the complete Under penalties true, correct, and Sign Here	the this table for the organization's five high of of compensation from the organization.  Name and business address of each independent compensation completes and the second compensation completes are compensation completes. Schedule A	ach receiving over \$100,000 All section 501(c)(3) organization return, including accompanying san officer) is based on all informations.	(b) Type of service  (b) Type of service  (c) Type of service  (d) Type of service  (e) Type	nd to the best of by knowledge.  Date  Ch	my knowledge	X Yes	□ N s	lo
d Total nu 52 Did the complete Under penalties true, correct, and Sign Here Paid Preparer	te this table for the organization's five high of of compensation from the organization.  Name and business address of each independent or the organization complete schedule A? Note: ted Schedule A	hest compensated independed. If there is none, enter "None ontractor  ach receiving over \$100,000 All section 501(c)(3) organization or return, including accompanying some officer) is based on all informations.  Precipes signature  Precipes signature  Accounting	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, are tion of which preparer has an of the prepare	nd to the best of by knowledge.	my knowledge	X Yes and belief, it i	□ N s	lo
d Total nu 52 Did the complete Under penalties true, correct, and Sign Here	the this table for the organization's five high of of compensation from the organization.  Name and business address of each independent compensation completes and the second compensation completes are compensation completes. Schedule A	ach receiving over \$100,000 All section 501(c)(3) organization officer) is based on all information of the Accounting cale	(b) Type of service  (b) Type of service  cons must attach a  cochedules and statements, are tion of which preparer has an of the prepare	nd to the best of by knowledge.  Date  Ch	my knowledge	X Yes and belief, it i	□ N s	lo