Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 calendar ye	ear, or tax year beginning , 2021, and endi	ng	, 20
B (Check if ap	pplicable:	C Name of organizationWarrior Freedom Service Dogs Inc	D Empl	oyer identification number
	Address ch		Doing business as		47-3304033
=	Name char	_	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Telen	hone number
$\overline{}$	nitial retur	-	209 Walker Hollow Road		(423) 242-8025
\equiv			G Gros	s receipts	
= .	inal returr	,			
$\overline{}$	Amended r		Flintstone, GA 30725	\$	318,349 for subordinates? Yes X No
□ /	Application	n pending	F Name and address of principal officer: Adam N Keith	H(a) Is this a group return	
			209 Walker Hollow Road Flintston GA 30725	H(b) Are all subordinat	
	Tax-exemp		(c)(3)	If "No," attach a lis	st. See instructions
J /	Website:			H(c) Group exemption	number
		rganization: X Con	poration Trust Association Other L Year of formation: 201	5 M State of leg	gal domicile: GA
Pa	rt I	Summary			
	1	Briefly describe to	ne organization's mission or most significant activities: Training of Service	ce Dogs	
ė	1				
Governance					
ern					
ŏ	2	Check this box	▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its r	net assets.	
ر ص	1		members of the governing body (Part VI, line 1a)		10
S	4	Number of indep	endent voting members of the governing body (Part VI, line 1b)	4	9
itie	5		ndividuals employed in calendar year 2021 (Part V, line 2a)	5	12
Activities &	6		volunteers (estimate if necessary)	6	35
ď	7a		usiness revenue from Part VIII, column (C), line 12	7a	25,706
	1		siness taxable income from Form 990-T, Part I, line 11		0
				Prior Year	Current Year
Revenue	8	Contributions an	d grants (Part VIII, line 1h)	FIIOI Teal	
	4 40		revenue (Part VIII, line 2g)		0
	10		The state of the s	***	292,643
e Ve	10		me (Part VIII, column (A), lines 3, 4, and 7d)		0
œ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,706
	12		dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		318,349
	13		ar amounts paid (Part IX, column (A), lines 1-3)		0
	14	and the second of the second o	or for members (Part IX, column (A), line 4)		29,669
Ś	15	and the second s	ompensation, employee benefits (Part IX, column (A), lines 5-10)		145,811
Expenses	16a	Professional fund	draising fees (Part IX, column (A), line 11e)		0
bei	b	Total fundraising	expenses (Part IX, column (D), line 25)		,
щ			(Part IX, column (A), lines 11a-11d, 11f-24e)		49,055
	18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)		224,535
	19	Revenue less ex	penses. Subtract line 18 from line 12		93,814
o	Ses		Begin	nning of Current Year	End of Year
Net Assets or	20	Total assets (Par	t X, line 16)	18,819	141,111
Ass	^{ຫຼັ} 21	Total liabilities (P	art X, line 26)		28,478
Net	를 22	Net assets or fur	nd balances. Subtract line 21 from line 20	18,819	112,633
Pa	rt II	Signature	Block	,	,
			that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	edge and belief, it is	
ırue	, correct, a	and complete. Declarat	ion of preparer (other than officer) is based on all information of which preparer has any knowledge.		
		Adam Ke	eith		05-13-2022
Sig	jn	Signature of	officer	Da	ite
He	re	Adam Ke	eith, Officer		
			name and title		
		Print/Type prepare	r's name Preparer's signature Date	Check X if	PTIN
Pa	id	Andrea L		self-employed	P00853715
	eparer			irm's EIN ► 20 - 4	
	e Only				~1 Y & 1U
-3	o Omy	Firm's address		hone no.	027 5525
N 4 -	. 4h - 172 7	2 41	Ringgold GA 30736		937-5535
May	the IRS	odiscuss this retu	rn with the preparer shown above? See instructions		X Yes No

1) Warrior Freedom Service Dogs Inc Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		_X_
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			22
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			77-00
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Áb.		3
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	7		
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If.</i> "Yes," complete Schedule D. Part X	11f		77
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_X_
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
. ~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	-	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 ~	If "Yes," complete Schedule G, Part III	19	200	X
20 a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		•	,	4 2

ΞEΑ

Page 4

	/IV Checklist of Required Schedules (continued)				-
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х	
	23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-21	_
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1	
	employees? If "Yes," complete Schedule J	23		х	
	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	.00			_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a			Х	
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b			
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	. 24c			
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d			_
2	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	50			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x	
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	\$19			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	. 25b		X	
2	6 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		X	ζ
27	7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	25.5			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	. 27		7	K_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	1 %			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	27			
	"Yes," complete Schedule L, Part IV	. 28a	1	7	X
g i	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 281)	1	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	- 4			· ·
	"Yes," complete Schedule L, Part IV	. 280	:		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- 4			7
	conservation contributions? If "Yes," complete Schedule M	. 30	,		X
31.	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		\top	+	
	complete Schedule N, Part II	. 32	,		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	_	+	Λ
00,	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 3	,		7.7
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	. —	_	+	X
34	or IV, and Part V, line 1	,			
05	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-		X
35a		. 35	a	+	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35	b	\perp	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 3	6		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	7		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	7.5		\top	
	19? Note: All Form 990 filers are required to complete Schedule O.	3	8 3	,	
Part				-	
	Check if Schedule O contains a response or note to any line in this Part V				Г
	and the state of t		TY	es	N
1a E	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	+	-	
	The state of the s				
		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				ı
re	eportable gaming (gambling) winnings to prize winners?	1	c l	x	į.

A	#90 (2021) Warrior Freedom Service Dogs Inc 47-330 **T V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	age 5
Á	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		D: 1	
34.0		2		0 = 0 /=
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	Thu i
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	9		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			21
ŧa	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	- 0.5		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		v
b	If "Yes," enter the name of the foreign country	. 44		X
IJ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	100000		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Х
C		. 50		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		
L	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
	gifts were not tax deductible?	. 6b		
3)	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
10	required to file Form 8282?	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	100000000000000000000000000000000000000		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		Х
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		Х
	Sponsoring organizations maintaining donor advised funds.	20 00		111
а	Did the sponsoring organization make any taxable distributions under section 9661	. 9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor, advisor, or related person?	. 9b		Х
ij.	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	43		
	Section 501(c)(12) organizations. Enter:	1 1		
a	Gross income from members or shareholders	T.A.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			-
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	. 12		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	151.5		
la	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
i	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		

	0 (2021) Warrior Freedom Service Dogs Inc 47-33040.		Р	age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No)"		
/	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
\angle	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
	- An Life Man Man Andrew And		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	.		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	.		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.184		
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
202	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Je .	X
360	tion B. Policies (This Section B requests information about policies not required by the Internal (exeruse Code.)		.,	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		Λ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
1 1	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		7.	
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Georgia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			

20

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

Adam Keith (423)242-8025, 209 Walker Hollow Road, Flintstone, GA 30725

1.	(2021)	
,	120211	

Warrior Freedom Service Dogs Inc

17-3304033

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Po: eck m ss per	rson is rector	nan one a both a explored employee	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) Wade_Priddy Board Member	5.00	X	b	3		~10		copy 。	0	0
(2) Dave Childress	5.00	54	0	1	CI	11	C	00,		_
Board Member		х	1	1		100		0	0	0
(3) Amy Rutherford	5.00	1					10			
Board Member	× × ×	X }	# 2.54 # 2.54		S. 4"	1.5	18	0	0	0
(4) David Allen	5.00			15	15	40.00		patential call		
Board Member		X						0	0	0
(5) Rick_Yount	5 .00									
Board Member	Service and S	X		30	35.	rio Bi	ă.	0	0	0
(6) Alecia N Keith	5 .00							8 8 8		
Board Member	orto	Х		7	No.	П		Seminary (S. O	0	0
(7) Adam N Keith	2000		14. F			190		A		
President		Х		X		Lac.		0	0	0
(8) Pete Moore	10.00		М		WI (=](==	11 =	1.00 - 100 000		
Vice President	a Things of Line	200	37	X	10	."		0	0	0
(9) Alan G Doak	5 .00					(4.3)	-		edre in to the edition	- ACHTOC-E
Treasurer	11.18			X	1.0		79.1	0.1	0	0
(10)Brad_Davis	10.00			8300		1.6		to the second	1 111-51	
Secretary				X				0	0	0
(11)								100		1.,
(12)									-	
<u>(13)</u>							in the second			i re Y
<u>(14)</u>	de Lera	t go fi			J.	Later 1	h.,		1	

(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m	son is	an one both an (trustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related		Estimate of compe	(F) ed amount f other ensation m the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (V 1099-MISC/ 1099-NEC)			ation and	
(15)													
(16)		-											
<u>(17)</u>								2 .					
(18)		1											,
(19)						4							
(20)			5										
(21)		2 4	, ,										
(22)		,		4									
(23)	i												
(24)													
(25)		31 1 -						. (4,					
Subtotal		7	· ·		E	· · ·	S	COPY 0 than \$100,000 of		0	,		0
3 Did the organization list any former officer, director,	trustee, kev e	volgm	ee. o	r hic	hest	comp	ensa	ated				Yes	No
employee on line 1a? <i>If "Yes," complete Schedule J</i> 4 For any individual listed on line 1a, is the sum of re	for such indiv	ridual		•							3		х
organization and related organizations greater than individual	\$150,000? <i>If</i> "	Yes," o	comp	olete • •	Sch	edule .	J for	such			4		x
for services rendered to the organization? If "Yes," of Section B. Independent Contractors						_					5		х
Complete this table for your five highest compensations.	ated independ	lent co	ntra	ctors	tha	t recei	ved	more than \$100.0	00 of				
compensation from the organization. Report comp										ear.			
(A)								(B)			(C)		
Name and business address	•							Description of sen	vices		Comper	sation	
	(-1			-							<u> </u>		
						£							
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the			nose	liste	ed al	oove)	who	. 6	1 No. 10	ar major () is a	******		

		Check if Schedule O contain				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
1	1a	Federated campaigns	; .	1a					
s ts	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events		1c					
s, G	d	Related organizations		1d					
Gift lar /	е	Government grants (contribu	utions)	1e					
ns, Simi	f	All other contributions, gifts,							
utio		and similar amounts not inclu		1f					
trib Oth	g	Noncash contributions include							
Son		lines 1a-1f		1g					
	h	Total. Add lines 1a-1f .							1
					Business Code				
e Ce		Contributions			624100	288,178	288,178		
Program Service Revenue	b	Kennel Boarding			721000	4,465	4,465		
Se enu	С	<u> </u>							
ran Sev	d								
5 F	e	1							
<u>~</u>	1	All other program service rev							
G	9	Total. Add lines 2a-2f				292,643			
	3	Investment income (including							
		other similar amounts)							
	5	Income from investment of ta	•						
	3	Royalties							
	62	Gross rents	(i) Re	eal	(ii) Personal				9
	1		6b						
	1	Rental income or (loss)	6c		7.7	- · · ·			
		Net rental income or (loss)			·				
		Gross amount from	(i) Secu		(ii) Other				
	/ a	sales of assets	(1) 0000		(11) 00101	-	,		
		other than inventory	7a		· ·				
	b	Less: cost or other basis					Yans		
nue		and sales expenses	7b			LIENT'S	LUPI		
ven	С	Gain or (loss)	7c			I IFIAI O			-
Re	d	Net gain or (loss)					4, 4		
Other Reve	8a	Gross income from fundrais	ing		į	and the second			
₹		events (not including \$			1.93				
		of contributions reported on							
		1c). See Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from fu		nts					
	9a	Gross income from gaming						**	
		activities, See Part IV, line 1				-			
	- 1	Less: direct expenses .						1	
		Net income or (loss) from ga		·	· · · · · · · · •				
	10a	Gross sales of inventory, les returns and allowances		40					
		Less: cost of goods sold		_		-			
	1					-	+		14
	+	Net income or (loss) from sa	aics of HIVEHIO	· y	Business Code	-	1		· · · · · · · · · · · · · · · · · · ·
S	110	CADEG ACT			2	05 700		05 700	
non ue	- 1	CARES ACT			900099	25,706		25,706	
eni	'							-	
Miscellanous Revenue	- 1	d All other revenue							
Ž						25,706	:		
						318,349		25,706	

21) Warrior Freedom Service Dogs Inc Statement of Functional Expenses

n 501(c	(3)	and 501(c)(4)	organizations must con	nplete all columns.	All other organizations mu	ist complete column (i	A).
11 30 1(0	(\cup)		organizations must con	ipicio ali coluittitis.	All other organizations int	isi complete column (7	١

	Check if Schedule O contains a response or note to a	any line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b. 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				1,200
2	Grants and other assistance to domestic	y			
	individuals. See Part IV, line 22	es participation of the second second			
3	Grants and other assistance to foreign	ing the strength of the			
	organizations, foreign governments, and	and the second second			
	foreign individuals. See Part IV, lines 15 and 16	, T - +			
4	Benefits paid to or for members	29,669	29,669		
5	Compensation of current officers, directors,		,	. 7	
	trustees, and key employees	38,746		38,746	A AAA
6	Compensation not included above, to disqualified		v 2 -	* (
	persons (as defined under section 4958(f)(1)) and	Į.	`		
	persons described in section 4958(c)(3)(B)	. /			
7	Other salaries and wages	107,065	ſ	107,065	
8	Pension plan accruals and contributions (include	,		, .	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
10	Payroll taxes				
11	Fees for services (nonemployees):		4	- 52	
а	Management		4 1 2 3	数 医 第二	
b	Legal · · · · · · · · · · · · · · · · · · ·	3,139		3,139	
С	Accounting	300		300	
d	Lobbying	61 k s 7	Yan	213	
е	Professional fundraising services. See Part IV, line 17	TOC	Dr. 1	9€° €	
f	Investment management fees	OF ICM 2	95 × 1	*	
g	Other. (If line 11g amount exceeds 10% of line 25, column	LILI	, 4K	,	
	(A) amount, list line 11g expenses on Schedule O.)	The control of against		}	
12	Advertising and promotion	3,665		3,665	
13	Office expenses	8,498	1 3 Max	8,498	
14	Information technology	gradient of		v 24 ·	
15	Royalties	Despera		i	
16	Occupancy	24,228		24,228	
17	Travel	1,427	y	1,427	
18	Payments of travel or entertainment expenses	er en	and the second s	20.	
	for any federal, state, or local public officials	per sa ligh	(i i	
19	Conferences, conventions, and meetings)	
20	Interest	i ja i ka			100
21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization	Maria Carata		· ·	
23	Insurance	6,824		6,824	
24	Other expenses. Itemize expenses not covered	and the second second second	r k k k k	The second secon	
	above (List miscellaneous expenses on line 24e. If	stell harrely of the second	No. of the second of the secon	A STATE OF THE STA	
	line 24e amount exceeds 10% of line 25, column	de Merve, de .	t in the second of the second	The second secon	
	(A) amount, list line 24e expenses on Schedule O.)	y y x	S 1 4	1 12 f . 1 (1)	~ :
а	Bank Fees	974		974	,
b					18 2 111
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	224,535	29,669	194,866	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	following SOP 98-2 (ASC 958-720)	I			

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	1 ; 1;	grander out to the control of the co	(A)		(B)
/		er station of the program of	Beginning of year		End of year
	1	Cash - non-interest-bearing	18,819	1	141,111
	2	Savings and temporary cash investments	•	2	,
22	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
2	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			, to a second
		controlled entity or family member of any of these persons		5	-
	6	Loans and other receivables from other disqualified persons (as defined		Ť	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	the contribution of the co		9	-
۷		Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		j.	
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c) 1 1 1 1 1 1 1
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,819	16	141,111
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	7 1	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	77 ()	21	
Liabilities	22	Loans and other payables to any current or former officer, director,	Va		
pilit	0.10	trustee, key employee, creator or founder, substantial contributor, or 35%	171		
Lia		controlled entity or family member of any of these persons	3	22	
	23	Secured mortgages and notes payable to unrelated third parties	,	23	
4 - 5	24	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third	* 2	24	28,478
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	28,478
ç		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	10.010	27	110 622
ala	28	Net assets with donor restrictions	18,819	28	112,633
В	20	Organizations that do not follow FASB ASC 958, check here		-20	
ŭ.		and complete lines 29 through 33.			
ř	20			20	
ts (29	_ ' 		29 30	
sse	30	F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	10.010	32	110 600
Re	32 33		18,819	33	112,633
	აა	Total liabilities and net assets/fund balances	18,819	აა	141,111

	/(2021) Warrior Freedom Service Dogs Inc 47-33040	33	Pa	age 12
	Reconciliation of Net Assets	ka j	-\$.	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		318,	349
2	Total expenses (must equal Part IX, column (A), line 25)		224,	
3	Revenue less expenses. Subtract line 2 from line 1			814
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			819
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		112,	633
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🔲
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	597	L	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
k	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and election of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			16.
	Schedule O.		Y	170
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
k	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA	and the state of the second o	Form	990 (2	(021)