

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/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">Halo for Freedom Warrior Foundation</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">100 Spanish Oak Rd</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">Willow Park TX 76087</p>	D Employer identification number <p align="center">46-0588433</p> E Telephone number G Gross receipts \$ 371,926
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F Name and address of principal officer: <p align="center">Dana Bowman 100 Spanish Oak Rd Weatherford TX 76086</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u www.haloforfreedom.org
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 2012	M State of legal domicile: TX
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">See Schedule O</p>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	25		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0		
Revenue		Prior Year		Current Year	
	8 Contributions and grants (Part VIII, line 1h)	314,722		329,312	
	9 Program service revenue (Part VIII, line 2g)			9,175	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-83,148		-82,042	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,574		256,445	
Expenses		Prior Year		Current Year	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,000		11,975	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
	b Total fundraising expenses (Part IX, column (D), line 25) u 28,955				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	165,887		244,712	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	171,887		256,687	
	19 Revenue less expenses. Subtract line 18 from line 12	59,687		-242	
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	207,552		171,211	
	21 Total liabilities (Part X, line 26)	0		0	
	22 Net assets or fund balances. Subtract line 21 from line 20	207,552		171,211	

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">Dana Bowman</p> Type or print name and title <p align="center">President</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name Roy D Stone CPA	Preparer's signature Roy D Stone CPA	Date 08/25/22	Check <input type="checkbox"/> if self-employed	PTIN P00447859
	Firm's name } George, Morgan & Sneed, P.C.	Firm's EIN } 75-1999675			
	Firm's address } 1849 Wall Street Weatherford, TX 76086-6298	Phone no. 817-594-2704			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **113,763** including grants of \$ **11,975**) (Revenue \$ **9,175**)

RAISING FUNDS FOR WOUNDED WARRIORS TO FACE THE CHALLENGES PRESENTED DURING REHABILITATION, REINTERGRATION, AND HEALING. THE EXPENSES ARE USED TO MEET THE WOUNDED WARRIORS' CHALLENGES AS THEY RECOVER AND REINTERGRATE FROM COMP

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **3,288** including grants of \$) (Revenue \$)

4e Total program service expenses **u 117,051**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		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.		
	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	0		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

Dana Bowman **100 Spanish Oaks Rd** **TX 76086** **817-597-1826**
Weatherford

Part VII 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 and/or Box 7 of Form 1099-MISC) 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Bowers	0.11									
Board Member	0.00	X					0	0	0	
(2) Dana Bowman	38.46									
President	0.00	X		X			0	0	0	
(3) Eric Calhoun	0.11									
Board Member	0.00	X					0	0	0	
(4) Terry Carlile	0.11									
Advisory Board	0.00	X					0	0	0	
(5) Bill Cook	0.11									
Board Member	0.00	X					0	0	0	
(6) Caden Gebhard	0.11									
Advisory Board	0.00	X					0	0	0	
(7) Scott Palomino	0.11									
Board Member	0.00	X					0	0	0	
(8) Derek W Robbins	0.11									
Advisory Board	0.00	X					0	0	0	
(9) Tony Ryan	0.11									
Advisory Board	0.00	X					0	0	0	
(10) Jacey Shack	0.11									
Advisory Board	0.00	X					0	0	0	
(11) Travis Simmons	0.11									
Board Member	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	112,500			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	216,812			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f	u	329,312			
	Program Service Revenue	2a Parachute	Business Code	9,175	9,175	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	9,175			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
8a Gross income from fundraising events (not including \$ 112,500 of contributions reported on line 1c). See Part IV, line 18						
	8a	33,263				
	b Less: direct expenses	8b	115,481			
c Net income or (loss) from fundraising events	u	-82,218				
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a Refunds	Business Code	176	176		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	176			
	12 Total revenue. See instructions	u	256,445	9,351	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,975	10,975		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,000	1,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,593		1,593	
12 Advertising and promotion	17,355	5,984	11,371	
13 Office expenses	8,015		8,015	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	35,138		35,138	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,164	5,164		
23 Insurance	12,969	12,969		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Reimbursement	47,128		47,128	
b Auction	28,955			28,955
c Airplane/Helicopter Rent	28,735	28,735		
d Parachute Costs	24,318	24,318		
e All other expenses	35,342	27,906	7,436	
25 Total functional expenses. Add lines 1 through 24e	256,687	117,051	110,681	28,955
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	34,845	1	22,326
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	222,328		
	10b Less: accumulated depreciation	73,443		
	10c	172,707		148,885
	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)		207,552	16	171,211
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	207,552	27	171,211
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	207,552	32	171,211	
33 Total liabilities and net assets/fund balances	207,552	33	171,211	

Part XI Reconciliation of Net Assets

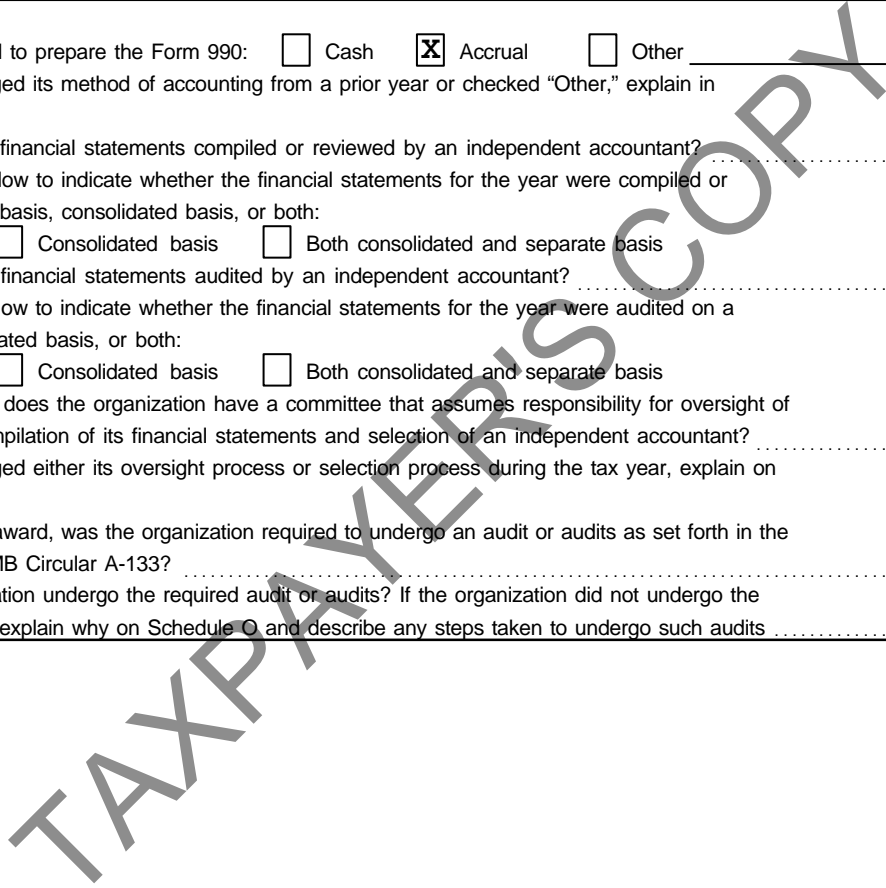
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	256,445
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,687
3	Revenue less expenses. Subtract line 2 from line 1	3	-242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	207,552
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-32,417
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,682
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,211

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a 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?		X
b 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		



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					329,312	329,312
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					329,312	329,312
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						329,312

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4					329,312	329,312
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						329,312

12 Gross receipts from related activities, etc. (see instructions) **12** 42,614

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

Halo for Freedom Warrior Foundation

46-0588433

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (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 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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) (2019)

Name of organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433**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	Able's Sporting PO Box 783 Huntsville TX 77340	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Autobahn Motorcar Group 3000 White Settlement Rd Fort Worth TX 76107	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Cynthia & George Mitchell Foundation PO Box 8937 The Woodlands TX 77387	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DC Bowl Committee Inc 1742 N Street NW Washington DC 20036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	First American Title Insurance Co 9000 E Pima Center Pkwy Scottsdale AZ 85258	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Functional Remedies 1000 McCaslin Blvd #301 Superior CO 80027	\$ 12,186	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433**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	Jim or Terry Frank 13651 Oak Grove Rd Burleson TX 76028	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Land of the Free Foundation 13191 Crossroads Pkwy North, 6th Flr City of Industry CA 91746	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Mott's LLP 5301 Legacy Dr Plano TX 75024	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Sallyport Global Holding 11921 Freedom Dr, Ste 1000 Reston VA 20190	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Stars & Stripes Children's Fund PO Box 7572 Laguna Niguel CA 92607	\$ 40,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	T.D. Data-Link Controls Inc 1911 Bernard St Ste 102 Denton TX 76025	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433

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	Zilis LLC 6101 Long Prairie Rd, Ste 744-106 Flower Mound TX 75026	\$ 38,600	Person <input checked="" 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.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Halo for Freedom Warrior Foundation

46-0588433

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c
1d
1e
1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** %
- c** Term endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		222,328	73,443	148,885
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **148,885**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

TAXPAYER'S COPY

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Weekend to Reme (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	134,500		134,500
	2	Less: Contributions	112,500		112,500
	3	Gross income (line 1 minus line 2)	22,000		22,000
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	115,481		115,481
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-93,481

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	El Dorado Trade Group 760 San Antonio Rd Palo Alto CA 94303			10,500				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433**Amended Return Explanation**

Upon further review of the books, the entries weren't complete when the original tax return was prepared and processed. This amendment is being filed to include all the complete and proper transactions.

Form 990 - Organization's Mission

RAISING FUNDS FOR WOUNDED WARRIORS TO FACE THE CHALLENGES PRESENTED DURING REHABILITATION, REINTERGRATION, AND HEALING. THE EXPENSES ARE USED TO MEET THE WOUNDED WARRIORS' CHALLENGES AS THEY RECOVER AND REINTERGRATE FROM COMBAT.

Form 990, Part III, Line 4d - All Other Accomplishments

RAISING FUNDS FOR WOUNDED WARRIORS TO FACE THE CHALLENGES PRESENTED DURING REHABILITATION, REINTERGRATION, AND HEALING. THE EXPENSES ARE USED TO MEET THE WOUNDED WARRIOR' CHALLENGES AS THEY RECOVER AND REINTERGRATE FROM COMP

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part IX, Line 24e - Other Expenses**Description**

Tot/Prog Service

Mgt & General

Fundraising

Name of the organization

Employer identification number

Halo for Freedom Warrior Foundation**46-0588433****Ammo**

\$	14,472	\$	0	\$	0
----	--------	----	---	----	---

Supplies

\$	4,628	\$	0	\$	0
----	-------	----	---	----	---

Auto

\$	0	\$	4,336	\$	0
----	---	----	-------	----	---

Targets

\$	4,319	\$	0	\$	0
----	-------	----	---	----	---

Gifts

\$	0	\$	2,562	\$	0
----	---	----	-------	----	---

Equipment

\$	1,802	\$	0	\$	0
----	-------	----	---	----	---

HALO Labor

\$	1,313	\$	0	\$	0
----	-------	----	---	----	---

Repairs

\$	1,189	\$	0	\$	0
----	-------	----	---	----	---

Bank Service Charge

\$	0	\$	682	\$	0
----	---	----	-----	----	---

Dues & Subscriptions

\$	0	\$	299	\$	0
----	---	----	-----	----	---

License & Permits

\$	183	\$	0	\$	0
----	-----	----	---	----	---

Telephone

\$	0	\$	62	\$	0
----	---	----	----	----	---

Other

\$	0	\$	-505	\$	0
----	---	----	------	----	---

Total

Name of the organization

Employer identification number

Halo for Freedom Warrior Foundation

46-0588433

\$ 27,906

\$ 7,436

\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

1/2 Meals

\$ -3,682

TAXPAYER'S COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Halo for Freedom Warrior Foundation

Identifying number

46-0588433

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	5,164
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,164
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

46-0588433

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	Mossberg - U695124	3/01/14	851		X	425	7 HY 200DB	756	38
3	Mossberg - U702258	3/01/14	851		X	425	7 HY 200DB	756	38
4	Mossberg - U686035(6)	3/01/14	851		X	425	7 HY 200DB	756	38
5	Mossberg - U694799	3/01/14	851		X	425	7 HY 200DB	756	38
6	Mossberg - U708271	3/01/14	851		X	425	7 HY 200DB	756	38
7	Mossberg - U707758	3/01/14	851		X	425	7 HY 200DB	756	38
8	Mossberg - U702274	3/01/14	851		X	425	7 HY 200DB	756	38
9	Remington - RS00118M	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
10	Remington - RS08973N	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
11	Remington - RS08989N	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
12	S&W AR15 - SR76078	3/01/14	1,376		X	688	7 HY 200DB	1,222	62
13	Bushmaster - BFIT01142	3/01/14	1,400		X	700	7 HY 200DB	1,244	63
14	Bushmaster - ARB(z)2048	3/01/14	1,400		X	700	7 HY 200DB	1,244	63
15	Weatherby - AK16661(81)	3/01/14	939		X	469	7 HY 200DB	835	42
16	Weatherby - AK22868	3/01/14	939		X	469	7 HY 200DB	835	42
17	Weatherby - AK22870	3/01/14	939		X	469	7 HY 200DB	835	42
18	Weatherby - AK22867	3/01/14	939		X	469	7 HY 200DB	835	42
19	Barrett - AA003206	3/01/14	7,045		X	3,523	7 HY 200DB	6,259	314
20	3 - GoPro Cameras	3/01/14	897		X	448	7 HY 200DB	797	40
21	Laptop	3/01/14	782		X	391	7 HY 200DB	695	35
22	Sound System	3/01/14	2,500		X	1,250	7 HY 200DB	2,221	112
23	5 - iPads	3/01/14	995		X	497	7 HY 200DB	884	44
24	Parachute Containers	10/16/15	12,730		X	6,365	7 MQ200DB	10,493	639
25	Metal Targets for events	7/28/15	6,798		X	3,399	7 MQ200DB	5,692	316
26	Trailer - Enclosed	6/04/15	6,500		X	6,500	5 MQ200DB	5,484	739
27	6 - iPads	3/06/15	3,294		X	1,647	5 MQ200DB	3,090	182
28	Guns	1/26/16	2,920		X	1,460	7 HY 200DB	2,282	182
29	Rifles	3/17/16	2,189		X	1,095	7 HY 200DB	1,710	137
30	Firearms	1/19/17	1,442		X	721	7 HY 200DB	1,001	126
31	Firearms	1/26/17	2,920		X	1,460	7 HY 200DB	2,026	256
32	Firearms	2/08/17	10,105		X	5,053	7 HY 200DB	7,012	883
33	Firearms	3/07/17	2,000		X	1,000	7 HY 200DB	1,388	175
34	Firearms	3/17/17	2,189		X	1,095	7 HY 200DB	1,519	191
			<u>83,005</u>			<u>44,748</u>		<u>68,279</u>	<u>5,164</u>
Other Depreciation:									
35	Parachutes	1/05/17	8,244			8,244	7 -- Memo	0	0
36	Vehicle	1/01/17	31,000			31,000	0 -- Memo	0	0
37	Equipmet	1/01/17	24,744			24,744	0 -- Memo	0	0
38	Firearms	1/01/18	75,332			75,332	0 -- Memo	0	0
	Total Other Depreciation		<u>139,320</u>			<u>139,320</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>139,320</u>			<u>139,320</u>		<u>0</u>	<u>0</u>
	Grand Totals		222,325			184,068		68,279	5,164
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>222,325</u>			<u>184,068</u>		<u>68,279</u>	<u>5,164</u>

46-0588433

TX Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
Prior MACRS:								
2	Mossberg - U695124	3/01/14	851	851	661	76	38	-38
3	Mossberg - U702258	3/01/14	851	851	661	76	38	-38
4	Mossberg - U686035(6)	3/01/14	851	851	661	76	38	-38
5	Mossberg - U694799	3/01/14	851	851	661	76	38	-38
6	Mossberg - U708271	3/01/14	851	851	661	76	38	-38
7	Mossberg - U707758	3/01/14	851	851	661	76	38	-38
8	Mossberg - U702274	3/01/14	851	851	661	76	38	-38
9	Remington - RS00118M	3/01/14	1,270	1,270	986	114	57	-57
10	Remington - RS08973N	3/01/14	1,270	1,270	986	114	57	-57
11	Remington - RS08989N	3/01/14	1,270	1,270	986	114	57	-57
12	S&W AR15 - SR76078	3/01/14	1,376	1,376	1,069	122	62	-60
13	Bushmaster - BFIT011142	3/01/14	1,400	1,400	1,088	125	63	-62
14	Bushmaster - ARB(z)2048	3/01/14	1,400	1,400	1,088	125	63	-62
15	Weatherby - AK16661(81)	3/01/14	939	939	730	84	42	-42
16	Weatherby - AK22868	3/01/14	939	939	730	84	42	-42
17	Weatherby - AK22870	3/01/14	939	939	730	84	42	-42
18	Weatherby - AK22867	3/01/14	939	939	730	84	42	-42
19	Barrett - AA003206	3/01/14	7,045	7,045	5,473	628	314	-314
20	3 - GoPro Cameras	3/01/14	897	897	697	80	40	-40
21	Laptop	3/01/14	782	782	608	69	35	-34
22	Sound System	3/01/14	2,500	2,500	1,942	223	112	-111
23	5 - iPads	3/01/14	995	995	773	89	44	-45
24	Parachute Containers	10/16/15	12,730	12,730	8,256	1,279	639	-640
26	Trailer - Enclosed	6/04/15	0	0	0	0	739	739
27	6 - iPads	3/06/15	3,294	3,294	2,886	363	182	-181
28	Guns	1/26/16	2,920	2,920	1,643	365	182	-183
29	Rifles	3/17/16	2,189	2,189	1,232	273	137	-136
30	Firearms	1/19/17	1,442	1,442	559	252	126	-126
31	Firearms	1/26/17	2,920	2,920	1,132	511	256	-255
32	Firearms	2/08/17	10,105	10,105	3,918	1,768	883	-885
33	Firearms	3/07/17	2,000	2,000	776	349	175	-174
34	Firearms	3/17/17	2,189	2,189	849	383	191	-192
			<u>69,707</u>	<u>69,707</u>	<u>44,494</u>	<u>8,214</u>	<u>4,848</u>	<u>-3,366</u>
Other Depreciation:								
25	Metal Targets for events	7/28/15	0	0	0	0	316	316
35	Parachutes	1/05/17	8,244	8,244	0	0	0	0
36	Vehicle	1/01/17	31,000	31,000	0	0	0	0
37	Equipmet	1/01/17	24,744	24,744	0	0	0	0
38	Firearms	1/01/18	75,332	75,332	0	0	0	0
	Total Other Depreciation		<u>139,320</u>	<u>139,320</u>	<u>0</u>	<u>0</u>	<u>316</u>	<u>316</u>
	Total ACRS and Other Depreciation		<u>139,320</u>	<u>139,320</u>	<u>0</u>	<u>0</u>	<u>316</u>	<u>316</u>
	Grand Totals		209,027	209,027	44,494	8,214	5,164	-3,050
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>209,027</u>	<u>209,027</u>	<u>44,494</u>	<u>8,214</u>	<u>5,164</u>	<u>-3,050</u>

46-0588433

AMT Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	Mossberg - U695124	3/01/14	851		X	425	7 HY 200DB	756	38
3	Mossberg - U702258	3/01/14	851		X	425	7 HY 200DB	756	38
4	Mossberg - U686035(6)	3/01/14	851		X	425	7 HY 200DB	756	38
5	Mossberg - U694799	3/01/14	851		X	425	7 HY 200DB	756	38
6	Mossberg - U708271	3/01/14	851		X	425	7 HY 200DB	756	38
7	Mossberg - U707758	3/01/14	851		X	425	7 HY 200DB	756	38
8	Mossberg - U702274	3/01/14	851		X	425	7 HY 200DB	756	38
9	Remington - RS00118M	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
10	Remington - RS08973N	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
11	Remington - RS08989N	3/01/14	1,270		X	635	7 HY 200DB	1,128	57
12	S&W AR15 - SR76078	3/01/14	1,376		X	688	7 HY 200DB	1,222	62
13	Bushmaster - BFIT011142	3/01/14	1,400		X	700	7 HY 200DB	1,244	63
14	Bushmaster - ARB(z)2048	3/01/14	1,400		X	700	7 HY 200DB	1,244	63
15	Weatherby - AK16661(81)	3/01/14	939		X	469	7 HY 200DB	835	42
16	Weatherby - AK22868	3/01/14	939		X	469	7 HY 200DB	835	42
17	Weatherby - AK22870	3/01/14	939		X	469	7 HY 200DB	835	42
18	Weatherby - AK22867	3/01/14	939		X	469	7 HY 200DB	835	42
19	Barrett - AA003206	3/01/14	7,045		X	3,523	7 HY 200DB	6,259	314
20	3 - GoPro Cameras	3/01/14	897		X	448	7 HY 200DB	797	40
21	Laptop	3/01/14	782		X	391	7 HY 200DB	695	35
22	Sound System	3/01/14	2,500		X	1,250	7 HY 200DB	2,221	112
23	5 - iPads	3/01/14	995		X	497	7 HY 200DB	884	44
24	Parachute Containers	10/16/15	12,730		X	6,365	7 MQ200DB	10,493	639
25	Metal Targets for events	7/28/15	6,798		X	3,399	7 MQ200DB	5,692	316
26	Trailer - Enclosed	6/04/15	6,500		X	6,500	5 MQ150DB	5,002	1,089
27	6 - iPads	3/06/15	3,294		X	1,647	5 MQ200DB	3,090	182
28	Guns	1/26/16	2,920		X	1,460	7 HY 200DB	2,282	182
29	Rifles	3/17/16	2,189		X	1,095	7 HY 200DB	1,710	137
30	Firearms	1/19/17	1,442		X	721	7 HY 200DB	1,001	126
31	Firearms	1/26/17	2,920		X	1,460	7 HY 200DB	2,026	256
32	Firearms	2/08/17	10,105		X	5,053	7 HY 200DB	7,012	883
33	Firearms	3/07/17	2,000		X	1,000	7 HY 200DB	1,388	175
34	Firearms	3/17/17	2,189		X	1,095	7 HY 200DB	1,519	191
			<u>83,005</u>			<u>44,748</u>		<u>67,797</u>	<u>5,514</u>
Other Depreciation:									
35	Parachutes	1/05/17	8,244			8,244	7 -- Memo	0	0
36	Vehicle	1/01/17	31,000			31,000	5 -- Memo	23,560	0
37	Equipmet	1/01/17	0			0	0 HY	0	0
38	Firearms	1/01/18	0			0	0 HY	0	0
	Total Other Depreciation		<u>39,244</u>			<u>39,244</u>		<u>23,560</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>39,244</u>			<u>39,244</u>		<u>23,560</u>	<u>0</u>
	Grand Totals		122,249			83,992		91,357	5,514
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>122,249</u>			<u>83,992</u>		<u>91,357</u>	<u>5,514</u>

46-0588433

Bonus Depreciation Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Mossberg - U695124	3/01/14	851		0	0	426	425
3	Mossberg - U702258	3/01/14	851		0	0	426	425
4	Mossberg - U686035(6)	3/01/14	851		0	0	426	425
5	Mossberg - U694799	3/01/14	851		0	0	426	425
6	Mossberg - U708271	3/01/14	851		0	0	426	425
7	Mossberg - U707758	3/01/14	851		0	0	426	425
8	Mossberg - U702274	3/01/14	851		0	0	426	425
9	Remington - RS00118M	3/01/14	1,270		0	0	635	635
10	Remington - RS08973N	3/01/14	1,270		0	0	635	635
11	Remington - RS08989N	3/01/14	1,270		0	0	635	635
12	S&W AR15 - SR76078	3/01/14	1,376		0	0	688	688
13	Bushmaster - BFIT011142	3/01/14	1,400		0	0	700	700
14	Bushmaster - ARB(z)2048	3/01/14	1,400		0	0	700	700
15	Weatherby - AK16661(81)	3/01/14	939		0	0	470	469
16	Weatherby - AK22868	3/01/14	939		0	0	470	469
17	Weatherby - AK22870	3/01/14	939		0	0	470	469
18	Weatherby - AK22867	3/01/14	939		0	0	470	469
19	Barrett - AA003206	3/01/14	7,045		0	0	3,522	3,523
20	3 - GoPro Cameras	3/01/14	897		0	0	449	448
21	Laptop	3/01/14	782		0	0	391	391
22	Sound System	3/01/14	2,500		0	0	1,250	1,250
23	5 - iPads	3/01/14	995		0	0	498	497
24	Parachute Containers	10/16/15	12,730		0	0	6,365	6,365
25	Metal Targets for events	7/28/15	6,798		0	0	3,399	3,399
27	6 - iPads	3/06/15	3,294		0	0	1,647	1,647
28	Guns	1/26/16	2,920		0	0	1,460	1,460
29	Rifles	3/17/16	2,189		0	0	1,094	1,095
30	Firearms	1/19/17	1,442		0	0	721	721
31	Firearms	1/26/17	2,920		0	0	1,460	1,460
32	Firearms	2/08/17	10,105		0	0	5,052	5,053
33	Firearms	3/07/17	2,000		0	0	1,000	1,000
34	Firearms	3/17/17	2,189		0	0	1,094	1,095
Grand Total			<u>76,505</u>		<u>0</u>	<u>0</u>	<u>38,257</u>	<u>38,248</u>

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46-0588433

Future Depreciation Report**FYE: 12/31/20**

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	Mossberg - U695124	3/01/14	851	38	38
3	Mossberg - U702258	3/01/14	851	38	38
4	Mossberg - U686035(6)	3/01/14	851	38	38
5	Mossberg - U694799	3/01/14	851	38	38
6	Mossberg - U708271	3/01/14	851	38	38
7	Mossberg - U707758	3/01/14	851	38	38
8	Mossberg - U702274	3/01/14	851	38	38
9	Remington - RS00118M	3/01/14	1,270	56	56
10	Remington - RS08973N	3/01/14	1,270	56	56
11	Remington - RS08989N	3/01/14	1,270	56	56
12	S&W AR15 - SR76078	3/01/14	1,376	61	61
13	Bushmaster - BFIT011142	3/01/14	1,400	62	62
14	Bushmaster - ARB(z)2048	3/01/14	1,400	62	62
15	Weatherby - AK16661(81)	3/01/14	939	41	41
16	Weatherby - AK22868	3/01/14	939	41	41
17	Weatherby - AK22870	3/01/14	939	41	41
18	Weatherby - AK22867	3/01/14	939	41	41
19	Barrett - AA003206	3/01/14	7,045	314	314
20	3 - GoPro Cameras	3/01/14	897	40	40
21	Laptop	3/01/14	782	35	35
22	Sound System	3/01/14	2,500	111	111
23	5 - iPads	3/01/14	995	45	45
24	Parachute Containers	10/16/15	12,730	556	556
25	Metal Targets for events	7/28/15	6,798	301	301
26	Trailer - Enclosed	6/04/15	6,500	277	409
27	6 - iPads	3/06/15	3,294	22	22
28	Guns	1/26/16	2,920	130	130
29	Rifles	3/17/16	2,189	98	98
30	Firearms	1/19/17	1,442	90	90
31	Firearms	1/26/17	2,920	182	182
32	Firearms	2/08/17	10,105	632	632
33	Firearms	3/07/17	2,000	125	125
34	Firearms	3/17/17	2,189	137	137
			<u>83,005</u>	<u>3,878</u>	<u>4,010</u>
Other Depreciation:					
35	Parachutes	1/05/17	8,244	0	0
36	Vehicle	1/01/17	31,000	0	0
37	Equipmet	1/01/17	24,744	0	0
38	Firearms	1/01/18	75,332	0	0
	Total Other Depreciation		<u>139,320</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>139,320</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>222,325</u>	<u>3,878</u>	<u>4,010</u>

Asset	Description	Date In Service	Cost	TX
Prior MACRS:				
2	Mossberg - U695124	3/01/14	851	76
3	Mossberg - U702258	3/01/14	851	76
4	Mossberg - U686035(6)	3/01/14	851	76
5	Mossberg - U694799	3/01/14	851	76
6	Mossberg - U708271	3/01/14	851	76
7	Mossberg - U707758	3/01/14	851	76
8	Mossberg - U702274	3/01/14	851	76
9	Remington - RS00118M	3/01/14	1,270	113
10	Remington - RS08973N	3/01/14	1,270	113
11	Remington - RS08989N	3/01/14	1,270	113
12	S&W AR15 - SR76078	3/01/14	1,376	123
13	Bushmaster - BFIT011142	3/01/14	1,400	125
14	Bushmaster - ARB(z)2048	3/01/14	1,400	125
15	Weatherby - AK16661(81)	3/01/14	939	83
16	Weatherby - AK22868	3/01/14	939	83
17	Weatherby - AK22870	3/01/14	939	83
18	Weatherby - AK22867	3/01/14	939	83
19	Barrett - AA003206	3/01/14	7,045	629
20	3 - GoPro Cameras	3/01/14	897	80
21	Laptop	3/01/14	782	70
22	Sound System	3/01/14	2,500	223
23	5 - iPads	3/01/14	995	89
24	Parachute Containers	10/16/15	12,730	1,111
25	Metal Targets for events	7/28/15	0	0
26	Trailer - Enclosed	6/04/15	0	0
27	6 - iPads	3/06/15	3,294	45
28	Guns	1/26/16	2,920	260
29	Rifles	3/17/16	2,189	196
30	Firearms	1/19/17	1,442	180
31	Firearms	1/26/17	2,920	365
32	Firearms	2/08/17	10,105	1,262
33	Firearms	3/07/17	2,000	250
34	Firearms	3/17/17	2,189	273
			<u>69,707</u>	<u>6,609</u>
Other Depreciation:				
35	Parachutes	1/05/17	8,244	0
36	Vehicle	1/01/17	31,000	0
37	Equipmet	1/01/17	24,744	0
38	Firearms	1/01/18	75,332	0
	Total Other Depreciation		<u>139,320</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>139,320</u>	<u>0</u>
	Grand Totals		<u>209,027</u>	<u>6,609</u>

Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Dana Bowman
 Address: 100 Spanish Oak Rd
 City, state zip code: Weatherford, TX 76086
 Foreign country:
 Foreign state or province:

Hours per Week

Organization: 38.46
 Related:

Contact

Principal? Yes
 Signature? Yes
 Use Org Addr? Yes

Other Information

Position: Trustee/Director and Officer
 Books in care? No
 Former? No
 Title: President
 Officer Type: Individual

Compensation

Base: _____
 Bonus/Incentive: _____
 Other: _____
 Retirement/Deferred benefits: _____
 Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____
 Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____
 Prior Year: _____

Organization

Related

Severance: _____
 Nonqualified plan: _____
 Equity based: _____
 Received comp from unrelated? No

Schedule K

Time devoted to business:
 Compensation attributable to unrelated business

Functional Expense Allocation

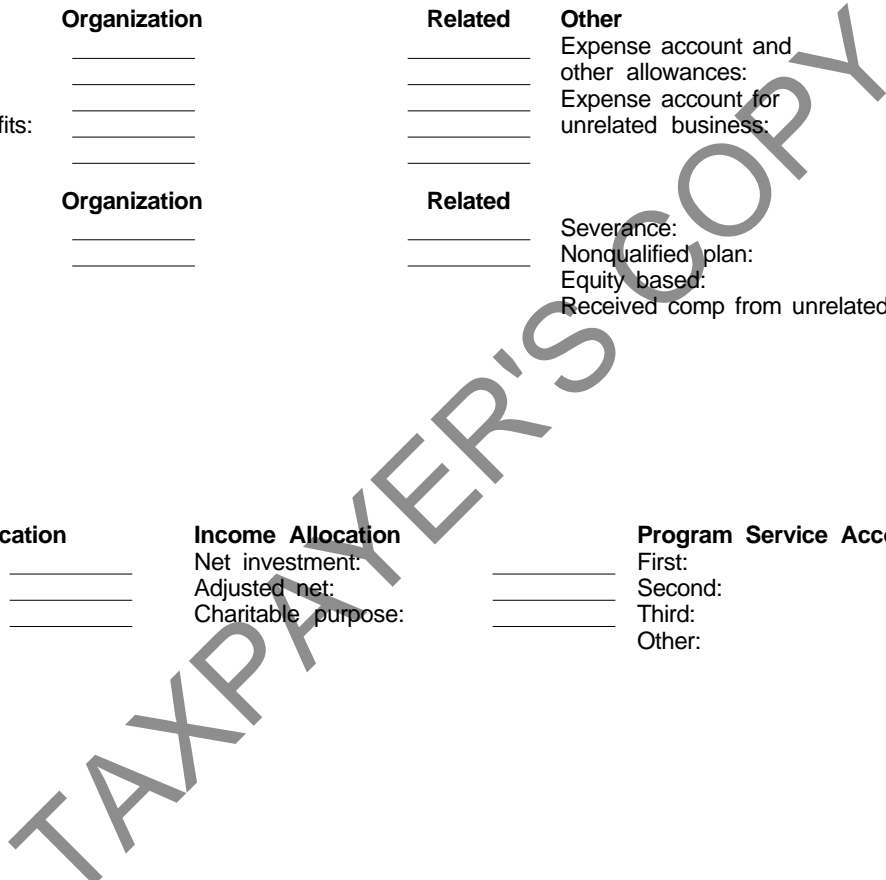
Program service: _____
 Management & general: _____
 Fundraising: _____

Income Allocation

Net investment: _____
 Adjusted net: _____
 Charitable purpose: _____

Program Service Accomplishments

First: _____
 Second: _____
 Third: _____
 Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Bill Cook

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Board Member

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

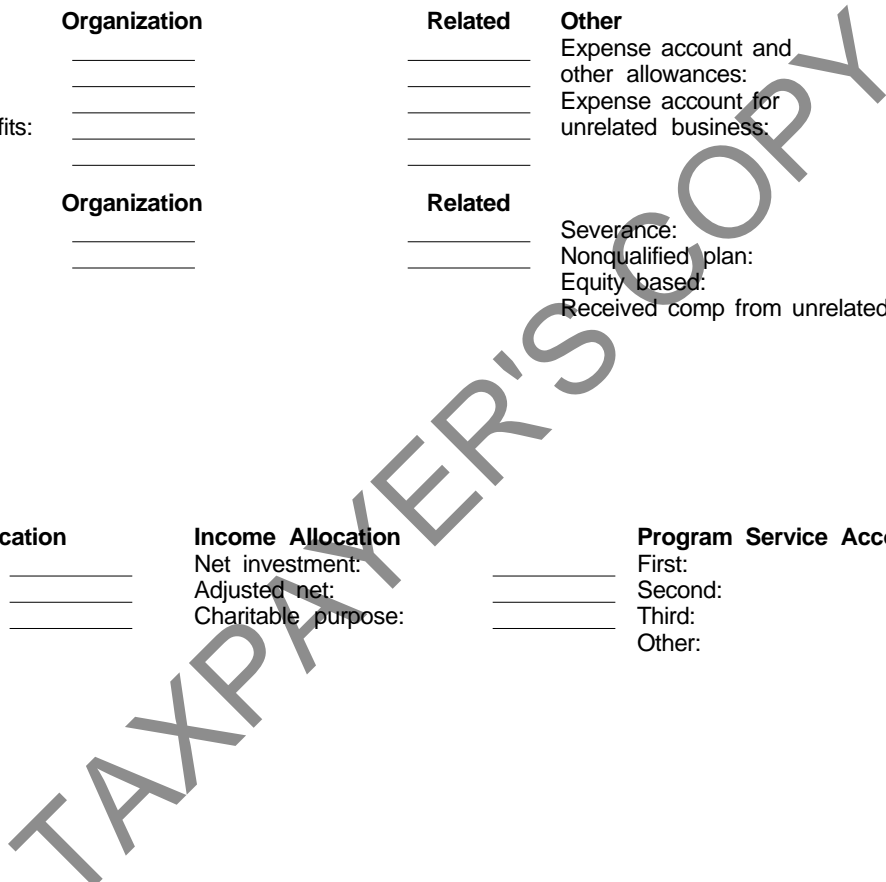
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Travis Simmons

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Board Member

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

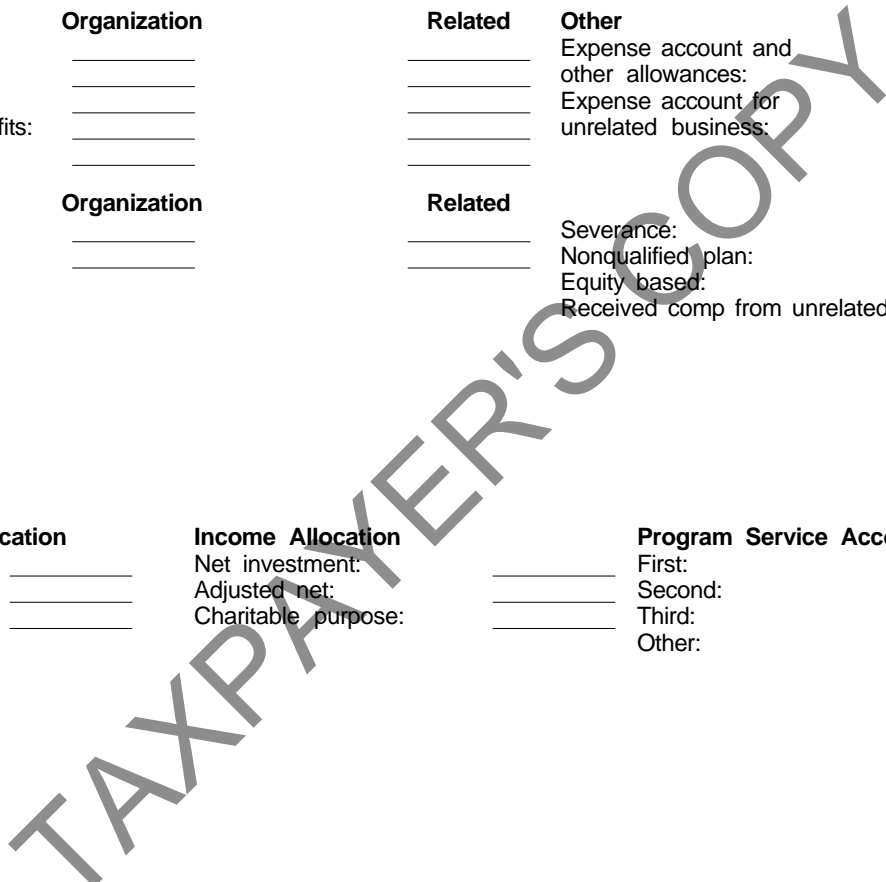
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Scott Palomino

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Board Member

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

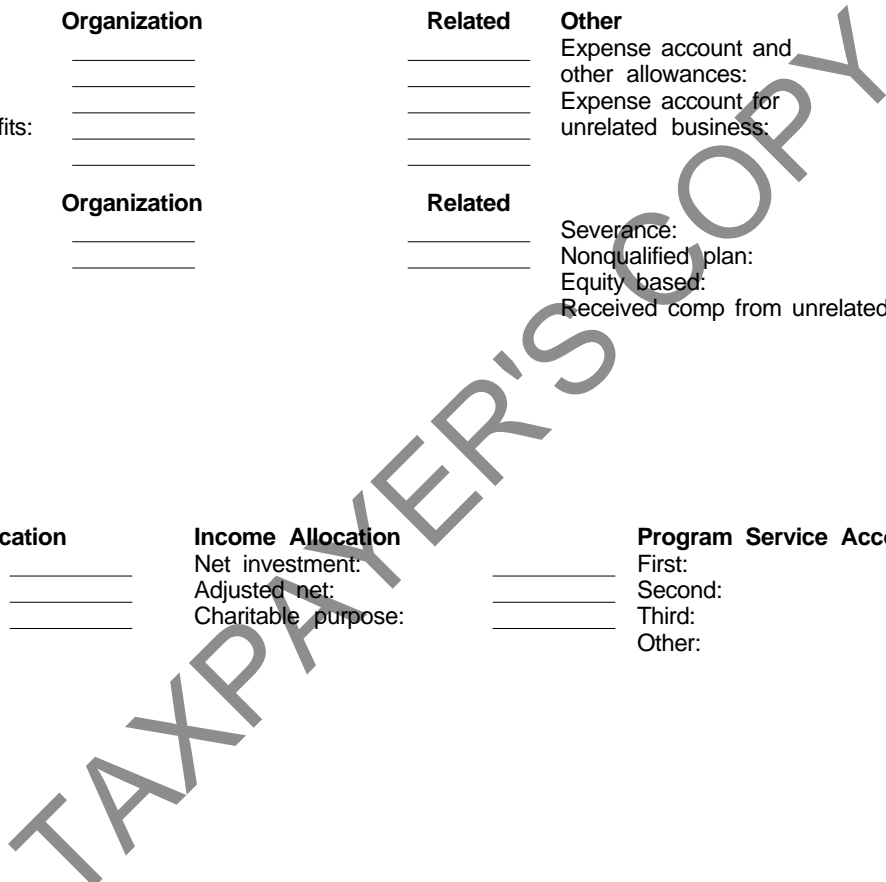
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Eric Calhoun

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Board Member

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

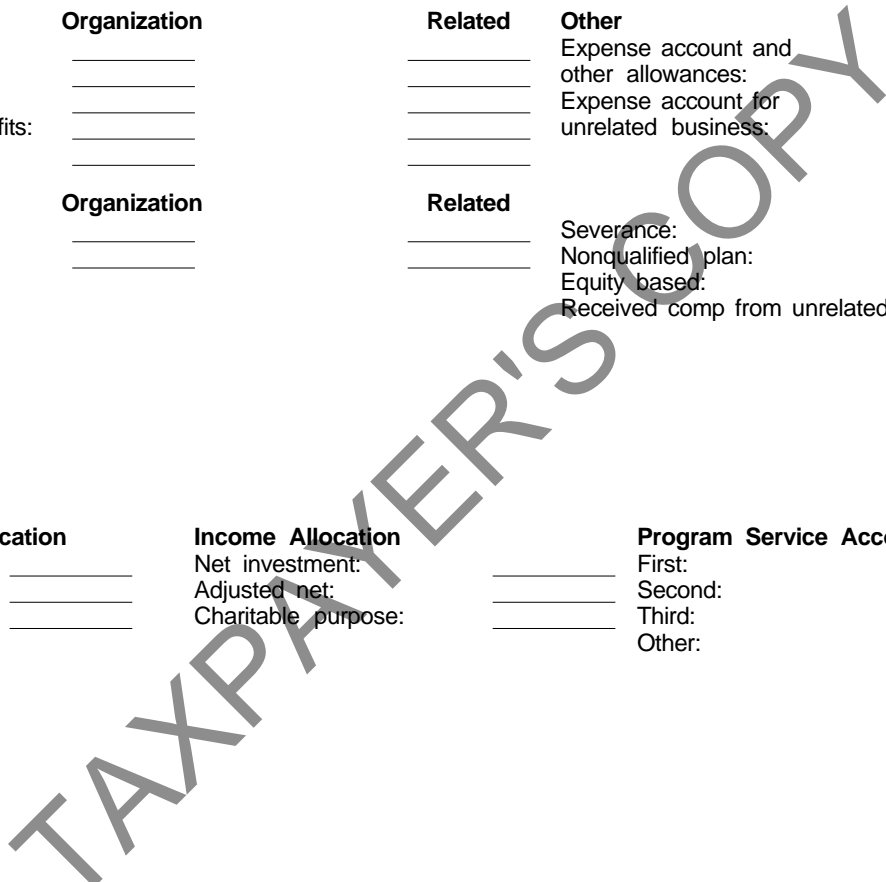
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: David Bowers

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Board Member

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

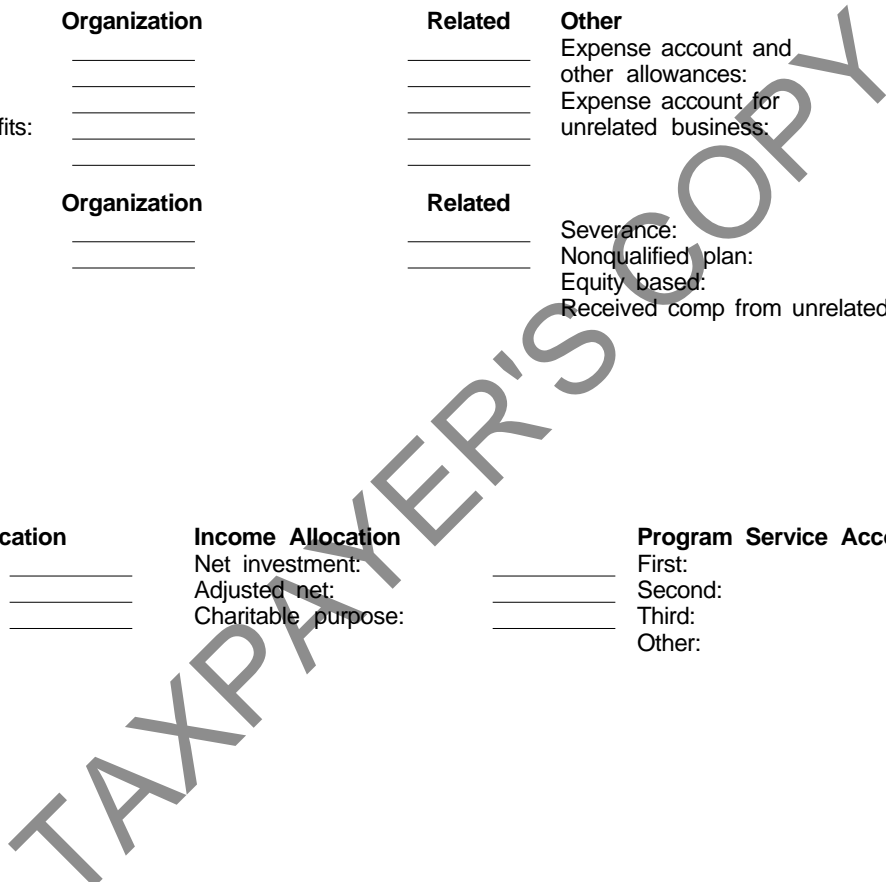
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Jacey Shack

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Advisory Board

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

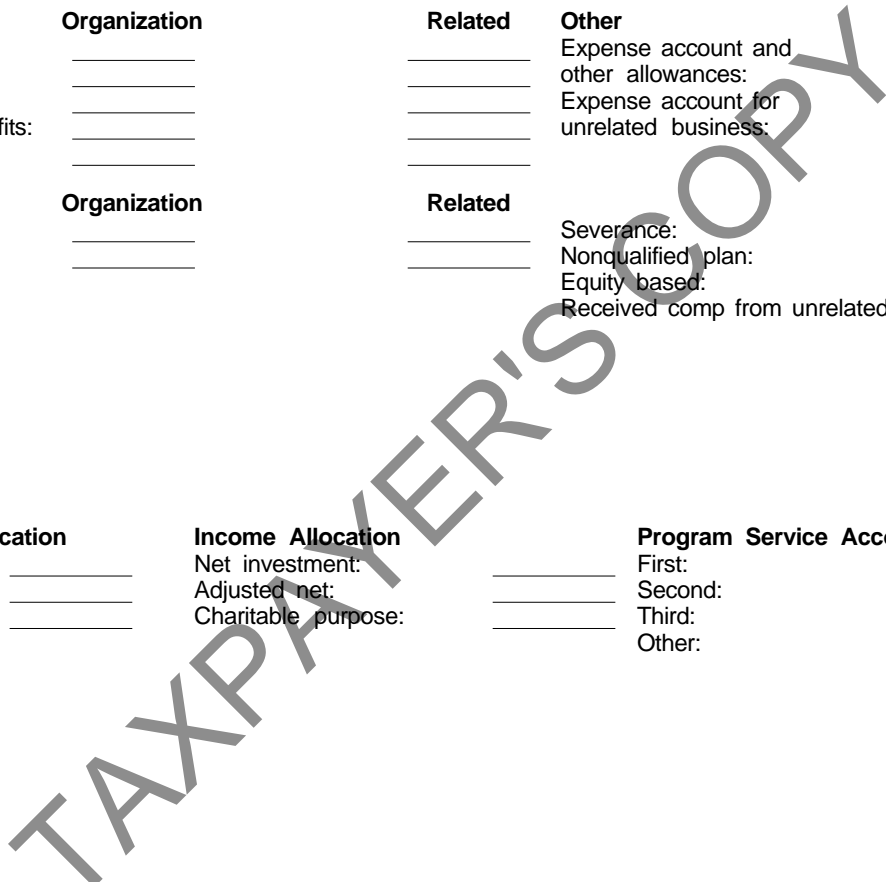
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Caden Gebhard

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Advisory Board

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

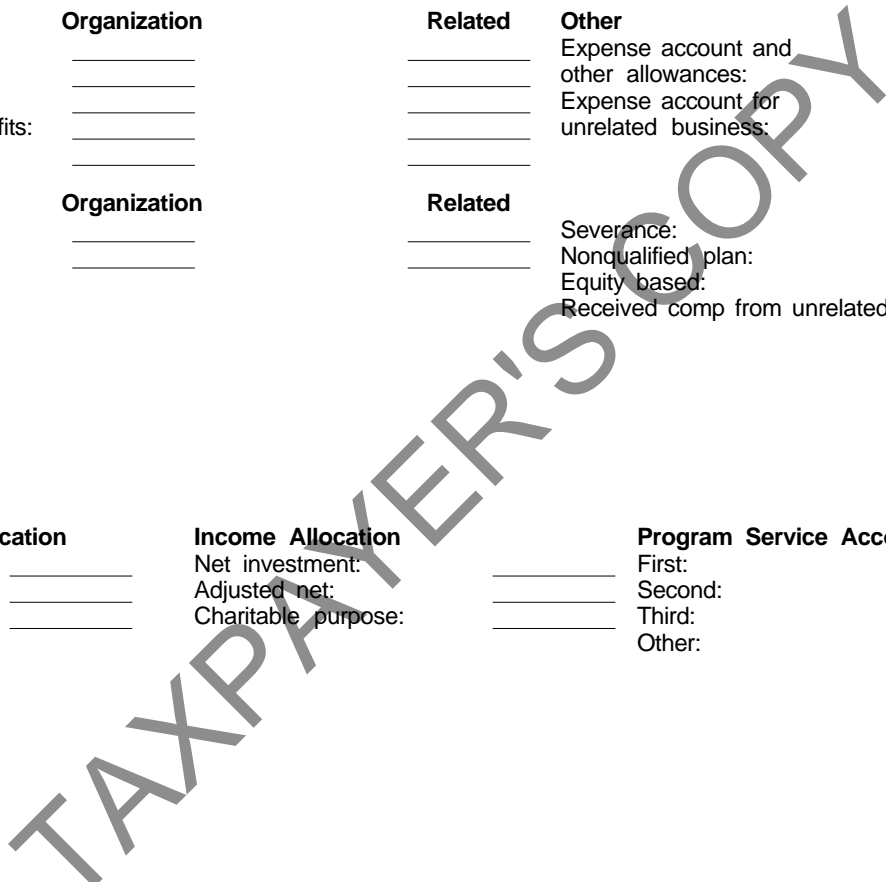
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Derek W Robbins

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Advisory Board

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

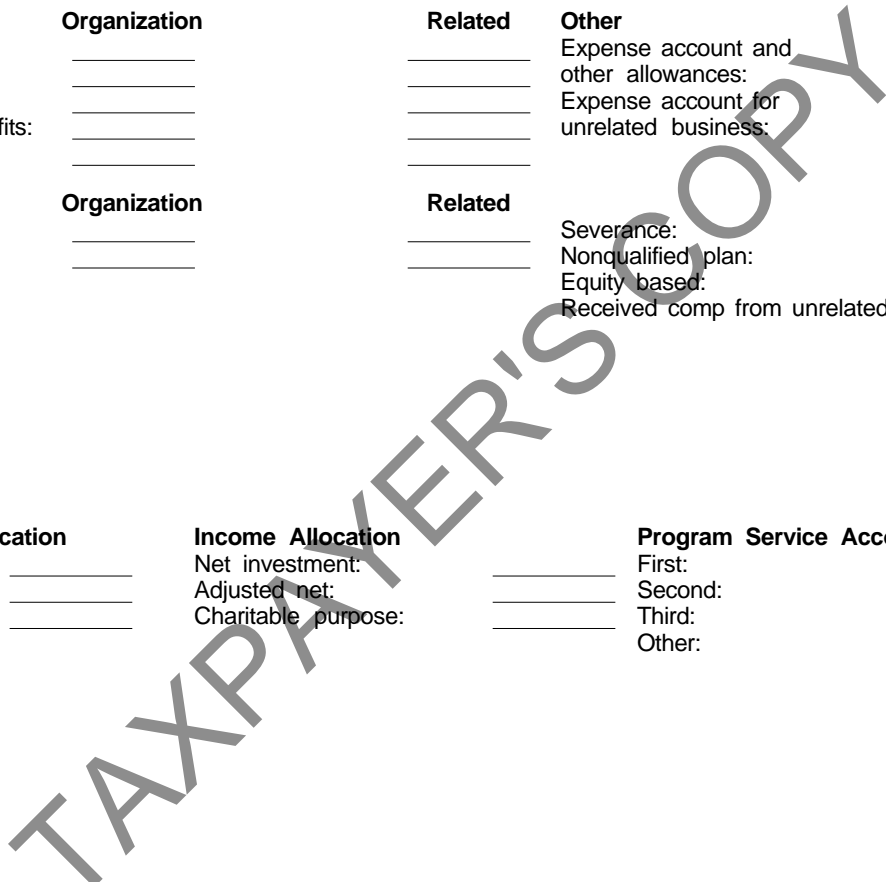
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Tony Ryan

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Advisory Board

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

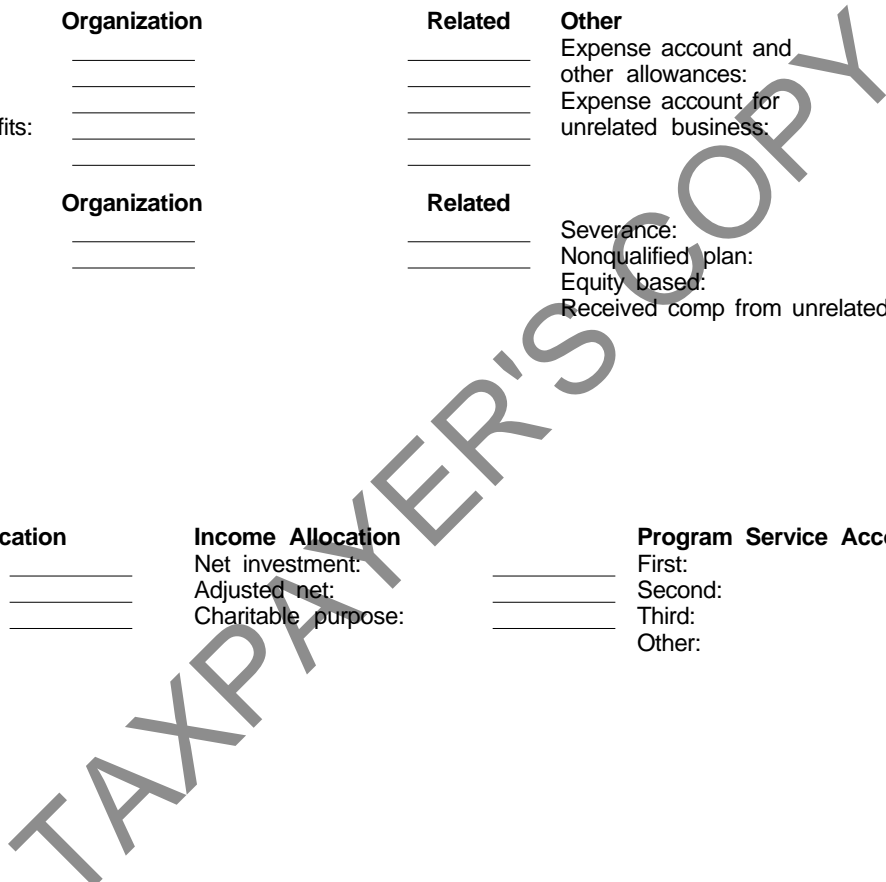
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



Halo for Freedom Warrior Foundation **Officer Information**

FYE: 12/31/2019

General Information

Name: Terry Carlile

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization: 0.11

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Advisory Board

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and other allowances: _____

Expense account for unrelated business: _____

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization

Related

Severance: _____

Nonqualified plan: _____

Equity based: _____

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

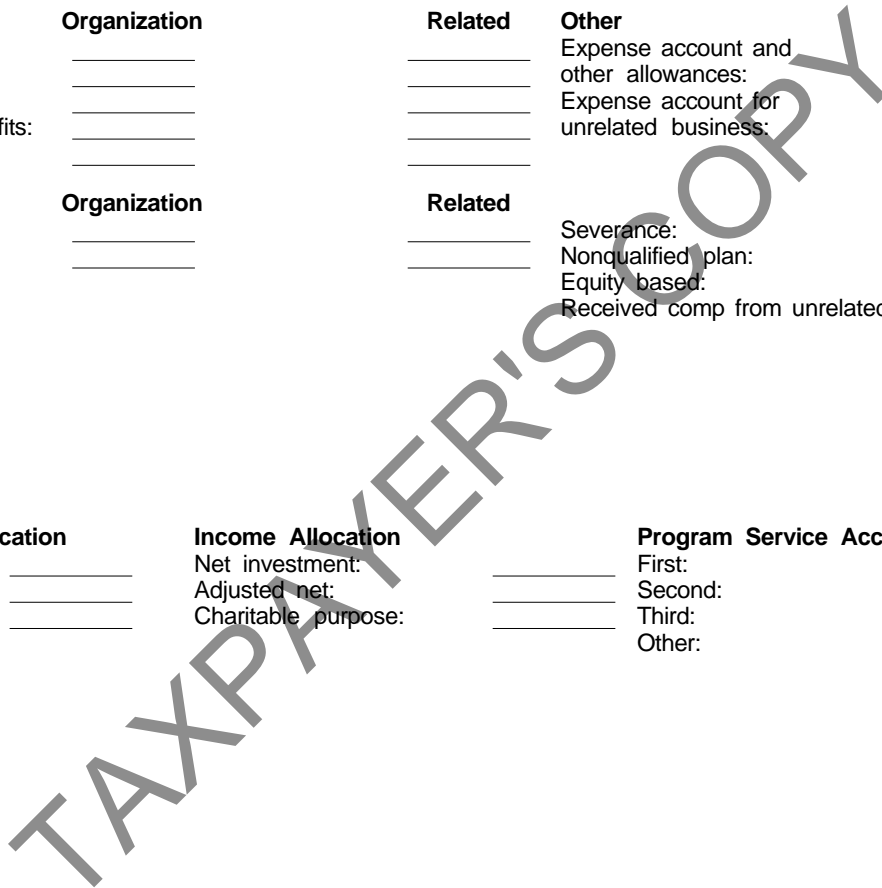
Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____



46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Able's Sporting	E-filing type:	Business
Address:	PO Box 783	Do not disclose name and address?	No
City, state zip code:	Huntsville, TX 77340		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	10,000
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address:		4th preceding year:	
City, state zip code:	,	3rd preceding year:	
Foreign country:		2nd preceding year:	
Foreign state or province:		1st preceding year:	
Relationship to transferee:		Current year:	

Schedule A

TAXPAYER'S COPY

46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Autobahn Motorcar Group	E-filing type:	Business
Address	3000 White Settlement Rd	Do not disclose name and address?	No
City, state zip code:	Fort Worth, TX 76107		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	15,000
Fundraising portion:	15,000
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:	Exclude from 2% limitation?:	No
E-filing type:	Disqualified person?:	No
Address	4th preceding year:	
City, state zip code:	3rd preceding year:	
Foreign country:	2nd preceding year:	
Foreign state or province:	1st preceding year:	
Relationship to transferee:	Current year:	

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Bell Helicoptors	E-filing type: Do not disclose name and address?	Business
Address	PO Box 482		No
City, state zip code:	Fort Worth, TX 76101		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	5,000
Fundraising portion: Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib? Purpose of gift:	No	Disregard on Sch B?
		No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Bruce V Eide	E-filing type:	Individual
Address	4808 Lily Pond Dr	Do not disclose name and address?	No
City, state zip code:	Murrells Inlet, SC 29576		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	5,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
		1st preceding year:	
		Current year:	
City, state zip code:	,		
Foreign country:			
Foreign state or province:			
Relationship to transferee:			

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Coalition to Salute Heroes	E-filing type:	Business
Address	777 Lonesome Dove Trl, Ste B	Do not disclose name and address?	No
City, state zip code:	Hurst, TX 76054		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	5,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
		1st preceding year:	
City, state zip code:	,	Current year:	
Foreign country:			
Foreign state or province:			
Relationship to transferee:			

TAXPAYER'S COPY

46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Cynthia & George Mitchell Foundation	E-filing type:	Business
Address:	PO Box 8937	Do not disclose name and address?	No
City, state zip code:	The Woodlands, TX 77387		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	25,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address:		4th preceding year:	
City, state zip code:	,	3rd preceding year:	
Foreign country:		2nd preceding year:	
Foreign state or province:		1st preceding year:	
Relationship to transferee:		Current year:	

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	DC Bowl Committee Inc	E-filing type:	Business
Address:	1742 N Street NW	Do not disclose name and address?	No
City, state zip code:	Washington, DC 20036		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address:		4th preceding year:	
City, state zip code:	,	3rd preceding year:	
Foreign country:		2nd preceding year:	
Foreign state or province:		1st preceding year:	
Relationship to transferee:		Current year:	

Schedule A

TAXPAYER'S COPY

46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	First American Title Insurance Co	E-filing type:	Business
		Do not disclose	
Address	9000 E Pima Center Pkwy	name and address?	No
City, state zip code:	Scottsdale, AZ 85258		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	10,000
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:	Exclude from 2% limitation?:	No
	Disqualified person?:	No
E-filing type:	4th preceding year:	
Address	3rd preceding year:	
	2nd preceding year:	
City, state zip code:	1st preceding year:	
Foreign country:	Current year:	
Foreign state or province:		
Relationship to transferee:		

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Functional Remedies	E-filing type:	Business
Address:	1000 McCaslin Blvd #301	Do not disclose name and address?	No
City, state zip code:	Superior, CO 80027		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	12,186
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address:		4th preceding year:	
City, state zip code:	,	3rd preceding year:	
Foreign country:		2nd preceding year:	
Foreign state or province:		1st preceding year:	
Relationship to transferee:		Current year:	

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Jim or Terry Frank	E-filing type:	Individual
		Do not disclose name and address?	No
Address	13651 Oak Grove Rd		
City, state zip code:	Burleson, TX 76028		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	13,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
		Disqualified person?:	No
E-filing type:	Individual	4th preceding year:	
Address		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Land of the Free Foundation	E-filing type:	Business
		Do not disclose	
Address	13191 Crossroads Pkwy North, 6th fl	Name and address?	No
City, state zip code:	City of Industry, CA 91746		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	15,000
Fundraising portion:	15,000
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
		Disqualified person?:	No
E-filing type:	Individual	4th preceding year:	
Address		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Milestone Church	E-filing type:	Business
Address	801 Keller Pkwy	Do not disclose name and address?	No
City, state zip code:	Keller, TX 76248		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	5,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
		1st preceding year:	
City, state zip code:	,	Current year:	
Foreign country:			
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Mott's LLP	E-filing type:	Business
Address	5301 Legacy Dr	Do not disclose name and address?	No
City, state zip code:	Plano, TX 75024		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Prime Building Components	E-filing type:	Business
Address:	16345 S US Hwy 377	Do not disclose name and address?	No
City, state zip code:	Dublin, TX 76446		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	5,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address:		4th preceding year:	
City, state zip code:	,	3rd preceding year:	
Foreign country:		2nd preceding year:	
Foreign state or province:		1st preceding year:	
Relationship to transferee:		Current year:	

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Raley Holdings	E-filing type: Do not disclose name and address?	Business
Address	578 N Kimball, Ste 120		No
City, state zip code:	Southlake, TX 76092		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	6,500
Fundraising portion: Type:	Person

Other Information

Type	Other
Donor advised fund: Government entity? Include on Sch B?	No No

Charitable Contrib? Purpose of gift:	No
---	----

Disregard on Sch B?	No
---------------------	----

Use of gift:

If set aside, how held:

Transfer Information

Name:	
E-filing type:	Individual
Address	
City, state zip code:	,
Foreign country:	
Foreign state or province:	
Relationship to transferee:	

Schedule A

Exclude from 2% limitation?:	No
Disqualified person?:	No
4th preceding year:	
3rd preceding year:	
2nd preceding year:	
1st preceding year:	
Current year:	

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Sable Group LP	E-filing type: Do not disclose name and address?	Business
Address	925 S Main St		No
City, state zip code:	Grapevine, TX 76051		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	6,459
Fundraising portion: Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib? Purpose of gift:	No	Disregard on Sch B?
		No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Sallyport Global Holding	E-filing type:	Business
Address	11921 Freedom Dr, Ste 1000	Do not disclose name and address?	No
City, state zip code:	Reston, VA 20190		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	10,000
Type:	Person

Other Information

	Type	Other
Donor advised fund:		
Government entity?		No
Include on Sch B?		No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Stars & Stripes Children's Fund	E-filing type:	Business
Address	PO Box 7572	Do not disclose name and address?	No
City, state zip code:	Laguna Niguel, CA 92607		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	40,500
Fundraising portion:	40,500
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	T.D. Data-Link Controls Inc	E-filing type:	Business
Address	1911 Bernard St Ste 102	Do not disclose name and address?	No
City, state zip code:	Denton, TX 76025		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	10,000
Fundraising portion:	
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
E-filing type:	Individual	Disqualified person?:	No
Address		4th preceding year:	
		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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46-0588433

Contributor Information

FYE: 12/31/2019

General Information

Name:	Zilis LLC	E-filing type:	Business
		Do not disclose	
Address	6101 Long Prairie Rd, Ste 744-106	name and address?	No
City, state zip code:	Flower Mound, TX 75026		
Foreign country:			
Foreign state or province:			

Contributions

Cash Contribution:	38,600
Fundraising portion:	38,600
Type:	Person

Other Information

	Type	Other
	Donor advised fund:	
	Government entity?	No
	Include on Sch B?	No
Charitable Contrib?	No	
Purpose of gift:	Disregard on Sch B?	No

Use of gift:

If set aside, how held:

Transfer Information

Name:		Exclude from 2% limitation?:	No
		Disqualified person?:	No
E-filing type:	Individual	4th preceding year:	
Address		3rd preceding year:	
		2nd preceding year:	
City, state zip code:	,	1st preceding year:	
Foreign country:		Current year:	
Foreign state or province:			
Relationship to transferee:			

Schedule A

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Form 990	Event Income and Deduction Worksheet Description Weekend to Remember	2019
-----------------	---	-------------

Name Halo for Freedom Warrior Foundation	Taxpayer Identification Number 46-0588433
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>22,000</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. <u>112,500</u>
7. Total revenue. Add lines 1 through 6	7. <u>134,500</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. <u>7,010</u>
11. Indirect Expense	11. <u>11,177</u>
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. <u>97,294</u>
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. <u>115,481</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>19,019</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	<u>861</u>
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	<u>10,316</u>
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	<u>11,177</u>

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	<u>632</u>
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	<u>96,662</u>
Total Exempt Activity Expense	<u>97,294</u>

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	<u>7,010</u>
Total Fees for Services	<u>7,010</u>

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2019
	Description Other Fundraising	

Name Halo for Freedom Warrior Foundation	Taxpayer Identification Number 46-0588433
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		11,263
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		11,263
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		
16. Net Income/Loss. Line 7 minus Line 15	16.		11,263

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

Halo for Freedom Warrior Foundation**46-0588433**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	314,722	329,312	14,590
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue		9,175	9,175
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		-82,218	-82,218
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	-83,148	176	83,324
	12. Total revenue. Add lines 1 through 11	231,574	256,445	24,871
Expenses	13. Grants and similar amounts paid	6,000	11,975	5,975
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees		1,593	1,593
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion		5,164	5,164
	21. Other expenses	165,887	237,955	72,068
	22. Total expenses. Add lines 13 through 21	171,887	256,687	84,800
	23. Excess or (Deficit). Subtract line 22 from line 12	59,687	-242	-59,929
Other Information	24. Total exempt revenue		256,445	256,445
	25. Total unrelated revenue			
	26. Total excludable revenue		9,351	9,351
	27. Total assets	207,552	171,211	-36,341
	28. Total liabilities			
	29. Retained earnings		171,211	171,211
	30. Number of voting members of governing body		11	
	31. Number of independent voting members of governing body		0	
32. Number of employees		0		
33. Number of volunteers		25		