Return of Organization Exempt From Income Tax

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

<u>A</u> _	For the	2022 calendar year, or tax year beginning , and ending		•	
В	Check if app	plicable: C Name of organization		D Employer	identification number
	Address ch	ange Halo for Freedom Warrior Foundation			
Ħ	Na	Doing business as		46-0	588433
닏	Name chan	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
Ш	Initial return	100 Spanish Oak Rd			
	Final return	City or town, state or province, country, and ZIP or foreign postal code			
H	terminated	Willow Park TX 76087		G Gross reco	eipts \$ 640,619
Ш	Amended re	F Name and address of principal officer:			
	Application	pending Dana Bowman	H(a) Is this a gr	oup return for s	ubordinates? Yes X No
		100 Spanish Oak Rd	H(b) Are all su	bordinates incli	uded? Yes No
		Weatherford TX 76086	If "No.	" attach a list.	See instructions
_			_		
<u> </u>	Tax-exemp		\dashv		
<u>J</u>	Website:	www.haloforfreedom.org	H(c) Group exe		
	Form of or	ganization: X Corporation Trust Association Other L	Year of formation: 2	012	M State of legal domicile: TX
P	art I	Summary			
	1 B	riefly describe the organization's mission or most significant activities:			
ø		See Schedule O			
auc					
j.	'				
Governance	2 C	heck this box if the organization discontinued its operations or disposed of more than 25°	6 of its net asse	ets.	
დ ფ	1	umber of voting members of the governing body (Part VI, line 1a)			11
	1	umber of independent voting members of the governing body (Port VII line 1h)		4	0
itie		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities				··· - 	35
ĕ		otal number of volunteers (estimate if necessary)			
	1	otal unrelated business revenue from Part VIII, column (C), line 12			0
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Veer
e,	• ~	antificities and events (Dest VIII. line 4b)	Prior Ye	6,642	Current Year 581,278
	8 0	ontributions and grants (Part VIII, line 1h)		0,042	301,270
Revenue		rogram service revenue (Part VIII, line 2g)			<u> </u>
ě		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.00	0 550
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,068	-9,662
	12 To	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7	4,574	571,616
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0
s	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)			0
ē	b To	otal fundraising expenses (Part IX, column (D), line 25)			
Щ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	2,325	266,119
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,325	266,119
	1	evenue less expenses. Subtract line 18 from line 12		2,249	305,497
JC of		overide 1000 experioes. Outstack line to from line 12	Beginning of Cu		End of Year
ets (20 To	otal assets (Part X, line 16)		3,390	528,356
Net Assets or	21 7	otal liabilities (Part X, line 26)		0	0
Net	22 N	et assets or fund balances. Subtract line 21 from line 20	22	3,390	528,356
	Part II	Signature Block		0,000	520,555
_					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statem at, and complete. Declaration of preparer (other than officer) is based on all information of which preparer			owiedge and belief, it is
			o a, momou		
٥.		Signature of officer		Date	
Się		·		Date	
He	re	Dana Bowman President			
		Type or print name and title		Г	
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d j	Roy D Stone CPA Roy D Stone CPA	05/17	/23 self-em	ployed P00447859
Pre	parer	Firm's name George, Morgan & Sneed, P.C.	F	Firm's EIN	75-1999675
Use	Only	1849 Wall Street			
		Firm's address Weatherford, TX 76086-6298	, ا	Phone no.	817-594-2704
May		6 discuss this return with the preparer shown above? See instructions	Į r	110.	X Yes No
a	,				

	990 (2022) Halo for Freedom Warrior Foundation 46-0588433	Page 2
Pa	art III Statement of Program Service Accomplishments	च् र
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
	Briefly describe the organization's mission: See Schedule O	
5	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 X 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 X 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.	
	the total expenses, and revenue, if any, for each program service reported.	
R R	(Code:) (Expenses \$ 208,288 including grants of \$) (Revenue \$ RAISING FUNDS FOR WOUNDED WARRIORS TO FACE THE CHALLENGES PRESENT REHABILITATION, REINTERGRATION, AND HEALING. THE EXPENSES ARE USES THE WOUNDED WARRIORS' CHALLENGES AS THEY RECOVER AND REINTERGRATE	D TO MEET FROM COMP
	·	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1/	(/A	
	·	
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	I/A	/
	· · · · · · · · · · · · · · · · · · ·	
	·	
	·	
	·	
اد اا	Other program convices (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ 1,059 including grants of \$) (Revenue \$	1
40	Total program service expenses 209 - 347	

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	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			٦,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u> </u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ü	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	٣		
J	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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		.
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ''-		
.0	Port VIII. Proc. As and Oco. K. IIV. as II. complete Ochsadala O. Port II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>ان</u>		
	If "Yes," complete Schedule G, Part III	19		х
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		х
		_		

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Schedule J X 23 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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? If "Yes," complete Schedule L, Part I \mathbf{x} 25a **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 Х If "Yes," complete Schedule L, Part I 25b 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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? If "Yes," complete Schedule L, Part III X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 32 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 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 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

X

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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 return	าร?		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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		Х
С	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	Э				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	1	۱		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
L	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	5		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		76		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		2	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		·	7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file Form		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	anaparing arganization have evered hydrogen heldings at any time duting the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	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:					
а		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		?	12a		
b 42	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. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	• O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Dana Bowman

Form 990 (2022) Halo for Freedom Warrior Foundation 46-0588433 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 11 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. Enter the number of voting members included on line 1a, above, who are independent 1b 0 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 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X Did the organization have local chapters, branches, or affiliates? 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on 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 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **None** 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

TX 76086 817-597-1826 Weatherford DAA

100 Spanish Oaks Rd

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X 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	(do	(C) Position do not check more than one iox, unless person is both an officer and a director/trustee)			than one is both ar or/trustee)) 1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) David Bowers	1.00							75		
Board Member	0.00	x						0	0	0
(2) Dana Bowman										
	30.00					$C \nu$	•			
President	0.00	Х		Х	1	X		0	0	0
(3) Eric Calhoun	1 00									
	1.00	3,5	6		ì			0	0	0
Board Member (4) Terry Carlile	0.00	X		\supset			\dashv	0	0	0
(4) Terry Carline	1.00) '	K						
Advisory Board	0.00	x						0	0	0
(5) Bill Cook	0.00	-	•				+	<u> </u>		<u> </u>
(3) 2222 3331	1.00									
Board Member	0.00	х						0	0	0
(6) Caden Gebhard										
	1.00									
Advisory Board	0.00	Х						0	0	0
(7) Scott Palomino										
	1.00	l								
Board Member	0.00	Х					_	0	0	0
(8) Derek W Robbins	1 00									
Advisory Board	1.00	x						0	0	0
(9) Tony Ryan	0.00	^					\dashv	0	0	0
(9) TOTTY Kyari	1.00									
Advisory Board	0.00	x						0	0	0
(10) Jacey Shack	0.00						\dashv			
(10) 0 0 0 0 1	1.00									
Advisory Board	0.00	х						0	0	0
(11) Travis Simmons							T			
	1.00									
Board Member	0.00	Х						0	0	0 Form 990 (2022)

DAA

Form 990 (2022) Halo	for	${\tt Freedom}$	Warrior	Foundation	46-0588433

Part VII Section A. Officers	Directors Tru			ev F				nd Highest Compensated				ιας	ge c
Fait VIII Occion A. Onicers		I	.s, it		C)	Oycc	.s, a	Tilgriest Compensated	Linployees (continued)				
(A) Name and title	(B) Average hours	Position (do not check more than or box, unless person is both a officer and a director/truster						(D) Reportable compensation	(E) Reportable compensation	Est	(F) imated an of other		
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orç	ompensati from the ganization ed organiz	and	
									A				
									*				
								C)					
								,5					
· ······							<	/					
				4	1								
1b Subtotal		Sect	ion	A									
Total number of individuals (in reportable compensation from			d to 0	thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	/ emp	ploye	ee, or highest compensate	d	ſ			No v
employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	e 1a, is the sum nizations greater	of r	epor	table 50,00	con 00? /	npens If "Ye	satio	n and other compensation	from the ch		4		x x
individualDid any person listed on line for services rendered to the o	1a receive or ac	crue	com	pens	ation	n fror					5		x
Section B. Independent Contracto		,						, , , , , , , , , , , , , , , , , , , ,					
Complete this table for your fi compensation from the organi	zation. Report co							lar year ending with or with	nin the organization's tax ye	ear.			
Name and	(A) I business address							Descript	(B) tion of services		Comp	(C) pensation	1
							_						
2 Total number of independent								se listed above) who					
received more than \$100,000									0				

Form 990 (2022) Halo for Freedom Warrior Foundation 46-0588433 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) (A) (D) Unrelated Revenue excluded from tax under Total revenue husiness revenue sections 512-514 Grants 1a Federated campaigns , Gifts, نات. ات' A<u>mount</u>s **b** Membership dues 1b c Fundraising events 287,171 1c 1d d Related organizations **e** Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 294,107 g Noncash contributions included in lines 1a-1f 581,278 h Total. Add lines 1a-1f. Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b **b** Less: rental expenses 6c c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b 7с c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events -(not including \$ 287,171 of contributions reported on line 1c). See Part IV, line 18 42,023 69,003 **b** Less: direct expenses c Net income or (loss) from fundraising events -26,980 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 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 Business Code iscellaneous Revenue 17,318 17,318 Parachute Events

> 17,318 571,616

17,318

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2022) Halo for Freedom Warrior Foundation 46-0588433

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must concern Check if Schedule O contains a response			nplete column (A).	X
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепаса	general expenses	САРСПЭСЭ
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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			1	
	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	_		Y	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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.)	4,000		4,000	
12	Advertising and promotion	14,153	14,153		
13	Office expenses	8,748	411	8,337	
14	Information technology	1,385		1,385	
15	Royalties				
16	Occupancy	40 550	0.50	40.000	
17	Travel	40,558	258	40,300	
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	1 777	1 772		
22	Depreciation, depletion, and amortization	1,733 1,148	1,733 1,148		
23	Insurance Other expenses. Itemize expenses not covered	1,148	1,148		
24					
	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.) Event Expenses	79,935	79,935		
a b	Event Rental	29,223	29,223		
C	Airplane/Helicopter Rent	20,694	20,694		
d	Airplane Repairs	11,335	11,335		
u e	All other cynonese	53,207	50,457	2,750	
	Total functional expenses. Add lines 1 through 24e	266,119	209,347	56,772	0
25 26	Joint costs. Complete this line only if the	200,119	207/34/	30,112	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

P	art)	Ralance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			48,970	1	321,519
	2	•			40,570	2	321,313
	3	Savings and temporary cash investments				3	
	4	Pledges and grants receivable, net Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo		director		-	
	້	trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these		1, 01 3370		5	
	6	Loans and other receivables from other disqualified	defined				
	ľ	under section 4958(f)(1)), and persons described in			6		
Assets	7	Notes and loans receivable, net			7		
As	8		32,000	8	66,150		
	9	Description and defensed absence			32,700	9	00,200
	-	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	222,328			
	b	Less: accumulated depreciation	405	81,641	142,420	10c	140,687
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11)	15	
	16	Total assets. Add lines 1 through 15 (must equal I	line 33)		223,390	16	528,356
	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	ule D		21		
s	22	Loans and other payables to any current or former	4				
litie		trustee, key employee, creator or founder, substan	tial contributo	r, or 35%			
Liabilities		controlled entity or family member of any of these	persons			22	
⊐	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payal	bles to related	d third			
		parties, and other liabilities not included on lines 17	7-24). Comple	te Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
		Organizations that follow FASB ASC 958, check	k here X				
ces		and complete lines 27, 28, 32, and 33.					
a	27				223,390	27	528 , 356
Fund Balances	28					28	
pur		Organizations that do not follow FASB ASC 958					
		and complete lines 29 through 33.					
S	29					29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or	31	Retained earnings, endowment, accumulated incor	me, or other f	unds	000 000	31	E00 0=1
Net	32				223,390	32	528,356
	33	Total liabilities and net assets/fund balances			223,390	33	528,356

Form **990** (2022)

_	art XI Reconciliation of Net Assets				ago 12				
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		571	,616				
2	Total expenses (must equal Part IX, column (A), line 25)	2		266	,119				
3									
4									
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-531				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10		528	,356				
Pa	art XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII				Ц				
				Ye	s No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2	b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2	С					
	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								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	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		3	b					

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Halo for Freedom Warrior Foundation 46-0588433 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

				`					
he c	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	.)		
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in sectio r	170(b)(1)(A)(i).		
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	П	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)	(iii).		
4	П	•		I in conjunction with a hospital of			• •	ospital's name.	
•	ш	city, and state	-	an conjunction man a neephan		5555		.cop.iao .iaio,	
5	П	•		of a college or university owned	or operate	ad by a c	novernmental unit described in		
J	Ш	_		=	or operati	ed by a g	overnmental unit described in		
	П		(b)(1)(A)(iv). (Complete Part	,	antion 1	70/6\/4\/	A(A)		
6	닞		-	overnmental unit described in s					
7		•	on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public	;	
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	II.)				
9	Ш	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in con	junction with a land-grant colle	ge	
		or university	or a non-land-grant college o	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or		
	_	university:							
10		An organizati	on that normally receives (1)	more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gro	SS	
				pt functions, subject to certain e					
			=	nd unrelated business taxable in					
	$\overline{}$	acquired by t	he organization after June 3	0, 1975. See section 509(a)(2) .	. (Comple	te Part III	.)		
11	Ц	An organizati	on organized and operated	exclusively to test for public safe	ety. See s	section 5	09(a)(4).		
12	Ш	•	•	exclusively for the benefit of, to					
				ions described in section 509(a				Check	
		_	-	scribes the type of supporting or	-		· ·		
	а			erated, supervised, or controlled				ng	
				er to regularly appoint or elect		of the di	rectors or trustees of the		
		_ `` `	0 0	omplete Part IV, Sections A a					
	b			pervised or controlled in connec					
				ting organization vested in the s	same pers	sons that	control or manage the support	ed	
		$\overline{}$	•	Part IV, Sections A and C.					
	С			supporting organization operated				ith,	
				structions). You must complete					
	d			I. A supporting organization ope					
			, ,	organization generally must sa	-		· ·	ess	
				nust complete Part IV, Section					
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III		
	f		mber of supported organizati		ing organ	iizatiori.		ſ	
	g		1.1	ne supported organization(s).				ι	
					(h. A. I., H				,
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount other support	
	0.5	ja.n.zation		above (see instructions))		ment?	instructions)	instructions	
					Yes	No	, in the second		
(A)									
(~)									
/D\									
(B)									
(C)									
(D)									
(E)									
. ,									
otal									
	2001	work Poductio	n Act Notice see the Instruct	ions for Form 990 or 990-F7				Schedule A (Form	990) 202

Schedule A (Form 990) 2022

Page 2

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.)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	!	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		329,312	161,245	166,642	581,	,278	1,238,477
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	161,245	166,642	581,	,278	1,238,477
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)				27	•		
6	Public support. Subtract line 5 from line 4							1,238,477
	tion B. Total Support						•	,
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
7	Amounts from line 4		329,312	161,245	166,642	581	278	1,238,477
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			5	·			
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		· ·					1,238,477
12	Gross receipts from related activities, etc.	(see instructions)					12	156,921
13	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)		
	organization, check this box and stop her							
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2022 (line 6	column (f) divide	d by line 11, colum	n (f))			14	100.00%
15	Public support percentage from 2021 School	edule A, Part II, lin	e 14			L	15	100.00%
16a	33 1/3% support test—2022. If the organ	ization did not che						_
	box and stop here. The organization quali							X
b	33 1/3% support test—2021. If the organ							
	this box and stop here. The organization	qualifies as a pub	licly supported orga	nization				
17a	10%-facts-and-circumstances test—202	-						
	10% or more, and if the organization mee							
	Part VI how the organization meets the fa	cts-and-circumstar	nces test. The orga	nization qualifies a	s a publicly suppo	orted		
	organization							
b	10%-facts-and-circumstances test—202	=						
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the			-				
4.5	organization							Ц
18	Private foundation. If the organization did							
	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.)

Sec	tion A. Public Support					-/	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	(3) 23 .0	(0) 2020	(a) 2021	(0) 2022	(i) rotar
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the or	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her	e		-			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8						%_
16	Public support percentage from 2021 School					16	%_
	tion D. Computation of Investme					1 1	
17 40	Investment income percentage for 2022 (I		II II:aa 47			40	<u>%</u>
	Investment income percentage from 2021 S						%
19a	33 1/3% support tests—2022. If the orga 17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests—2021. If the orga	-	=				<u></u>
J	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	-	_			-	

Schedule A (Form 990) 2022

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
100		
10a		
406		990) 2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
2 4	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		1	
			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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sooti	the supported organization(s).	1		
Secu	ion D. All Type III Supporting Organizations		V	N
	Did the association and ideals and of the association of the Control of the Control of the		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
Ū	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions)).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organization in 100, accombe in that the not played by the organization in the regular.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	ganizat	ions	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 1	970 (explain in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organizations mu	st compl	ete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) Their real	(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	- A	
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 0.015 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 0.035.	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 0.85 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).			

Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		8	
	(provide details in Part VI). See instructions.			Н	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		4	10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	6	Distributable
	Distributable association 2000 from Castion C. line C.		Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u> i </u>	Carryover from 2017 not applied (see instructions)				
<u> j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
<u> </u>	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j				
′	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Evenes from 2022				

Schedule A (Form 990) 2022

Schodulo A (F-	mm 990) 2022 Halo for Freedom Warrior Foundation 46-0588433 Page 8
Schedule A (Fo	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.)
	ines 2, 6, and 6. 7430 complete this part for any additional information. (Geo instructions.)
·	
·	
•	2
•	
•	
•	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number

Halo for Free	dom Warrior Foundation	46-0588433
Organization type (check one	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	1
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable trust treated as a private foundation	•
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See
General Rule		
For an organization fill	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5	5,000
or more (in money or contributor's total con	property) from any one contributor. Complete Parts I and II. See instructions for determinations.	ling a
Special Rules		
X For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of	of the
	ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13	
	If from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	i; or
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	y one
contributor, during the	year, total contributions of more than \$1,000 exclusively for religious, charitable, scientifications	fic,
•	purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterstead of the contributor name and address), II, and III.	ring
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	y one
=	year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were recei	ived
	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
	to this organization because it received nonexclusively religious, charitable, etc., contrib	
with the contract of the contr	e during the year	\$

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

Name of organization

Employer identification number

Halo for Freedom Warrior Foundation 46-0588433 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 Autobahn Motorcar Group Person 3000 White Settlement Rd Payroll 15,000 Noncash TX 76107 Fort Worth (Complete Part II for noncash contributions.) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Cynthia & George Mitchell Foundation Person PO Box 8937 **Payroll** 5,000 Noncash The Woodlands TX 77387 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Land of the Free Foundation 3 Person 13191 Crossroads Pkwy North, 6th Flr Payroll 19,000 Noncash CA 91746 City of Industry (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Prime Building Components Person 16345 S US Hwy 377 Payroll 13,250 Noncash Dublin TX 76446 (Complete Part II for noncash contributions.) (c) (a) (b) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 Robert J. Barnes Person 6455 Case Rd Payroll 13,025 Noncash N Ridgeville OH 44039 (Complete Part II for noncash contributions.) (b) (c) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Stars & Stripes Children's Fund 6 Person PO Box 7572 Payroll 35,000 Noncash Laguna Niguel CA 92607 (Complete Part II for noncash contributions.)

Name of organization

Halo for Freedom Warrior Foundation

Employer identification number

46-	- 0	58	84	33

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Tony & Sharon Ryan 320 Tuscany Ln Argyle TX 76226	\$ 222,125	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

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

Open to Public

Inspection Name of the organization Employer identification number 46-0588433 Halo for Freedom Warrior Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)?... 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. 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. b 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 Assets included in Form 990. Part X

	art III Organizations Maintaining O				ts (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):		•		(22 / 22 / 2)
а	Public exhibition		or exchange program		
b	Scholarly research	e Other			
С	Preservation for future generations				
4	Provide a description of the organization's colle	ections and explain how	they further the organization's	s exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or r		•		
	assets to be sold to raise funds rather than to l		f the organization's collection?)	Yes No
Pa	Complete if the organization a 990, Part X, line 21.		Form 990, Part IV, line 9	o, or reported an amour	nt on Form
	Is the organization an agent, trustee, custodian	or other intermediary f	or contributions or other asset	s not	
					Yes No
b	If "Yes," explain the arrangement in Part XIII ar				🗀 📑 🗀 📑
	, ,	•			Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
	Distributions during the year				
	Ending balance			1f	
2a	Did the organization include an amount on Form	m 990 Part X line 21	for escrow or custodial accoun	· · · · · · · · · · · · · · · · · · ·	Yes No
	If "Yes," explain the arrangement in Part XIII. C			*	··· 🖵 · · 🛏
	art V Endowment Funds.	TION TION II THO OXPIAN	ation has been provided on the	31. 7.III	
	Complete if the organization a	inswered "Yes" on	Form 990, Part IV, line	10.	
		(a) Current year	(b) Prior year (c) Two year		(e) Four years back
1a	Beginning of year balance	(,, , , , , , , , , , , , , , , , , , ,		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1, 11) 11 11
	Contributions				
C	Net investment earnings, gains, and				
·					
٨	Grants or scholarships	4			
е	Other expenditures for facilities and				
	programs				
1	Administrative expenses				
g	End of year balance	(in the land of th	4		
2	Provide the estimated percentage of the curren		e 1g, column (a)) neid as:		
	Board designated or quasi-endowment	%			
D	Permanent endowment %				
С	Term endowment%				
_	The percentages on lines 2a, 2b, and 2c should				
3a	Are there endowment funds not in the possess	ion of the organization t	that are held and administered	I for the	Г., Т.,
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
b	If "Yes" on line 3a(ii), are the related organization				3b
4	Describe in Part XIII the intended uses of the control of the cont		nt funds.		
Pa	ert VI Land, Buildings, and Equip				
	Complete if the organization a				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
	Land				
	Buildings				
С	Leasehold improvements				
d	Equipment		222,328	81,641	140,687
<u>e</u>	Other				
Total	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, c	olumn (B), line 10c.)		140,687

Schedule D (Form 990) 2022	Halo	for	Freedom	Warrior	Foundation	46-	05884	43
Schedule D (Form 990) 2022	пато	TOT	rreedom	Wallior	roundation	40-	0200	±υ

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
	derivatives		
	eld equity interests		
(B)			
(C)			
		• • • • • • • • • • • • • • • • • • • •	
(- 2 (F)			
(G)			
/H\			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII	Investments - Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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
			· ·
)
		.60	
) al. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
	Other Assets.		
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
ıl. (Colum	Other Assets.		e 11d. See Form 990, Part X, line 15.
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
I. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
ıl. (Colum	Other Assets. Complete if the organization answered "Yes"		<u> </u>
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes"		
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes" (a) Description		<u> </u>
al. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
I. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
I. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, line	(b) Book value
I. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
I. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
I. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	(b) Book value
art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of line 15.)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,

Schedule D (F	Form 990) 2022	Halo	for	Freedom	Warrior	Foundation	46-0588433	Page 5
Part XIII	Suppleme	ntal Info	rmation	(continued)		Foundation		_
1 411 71111	Сиррісіно			(continuou)				
•								
					/.X			
					4			
				\wedge				
				·/···				
			4					
			Y					

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service u Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Halo for Freedom Warrior Foundation 46-0588433 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 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? 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 (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 6 7 10 **Total** 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.

Schedule G (Form 990) 2022 Halo for Freedom Warrior Foundation 46-0588433 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 None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 287,171 287,171 1 Gross receipts 2 Less: Contributions 287,171 287,171 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 69,003 69,003 9 Other direct expenses 69,003 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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) 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	edule G (Form 990) 2022 Halo for Freedom Warrior Foundation 46-0588433			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es 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?			es No
13	Indicate the percentage of gaming activity conducted in:			
а	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			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
			Пу	es No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш.	L
~	amount of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
·	in 150, office harmo and dadroce of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			res No
b	retain the state gaming license? 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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	rmatior	٦.	
	See instructions.			
	······································			

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 **2022**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

Halo for Freedom Warrior Foundation 46-0588433 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 Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 24e - Other Expenses Description Mgt & General Tot/Prog Service Fundraising Supplies 11,227 Parachute Costs 9,796

Flight Training

Schedule O (Form 990) 2022 Page 2

Name of the organization					Employer identifi	
Halo for Fi	reedom	Warrior Founda	ation		46-05884	:33
	\$	9,464	\$	0	\$	0
Auction						
	÷	6 670		0	÷	•
	\$	6,670	\$	0	\$	0
Auto						
	\$	5,213	\$	0	\$	0
Fuel - Cesn	a					
	\$	4,625	\$	0	\$	0
Telephone						
	\$	0	\$	1,620	\$	0
3						
Ammo						
	\$	1,536	\$	0	\$	0
Bank Servic	e Char	ge	. (A		
	\$	0	ġ	1,130	\$	0
-	X	v		±/±33		
HALO Labor						
	\$	1,082	\$	0	\$	0
Repairs						
	A	65 Y	A	•	A	•
	\$	485	\$	0	\$	0
Foundation	Flags					
	\$	359	\$	0	\$	0
Total						
IOCAI						
	\$	50,457	\$	2,750	\$	0
Form 990. P	art XI	, Line 9 - Oth	ner Changes	in Net Asse	ts Explanat	ion
			······································			
Nondeductib	Te COS	SCS			\$	-531
					Page 1	of 1

Depreciation and Amortization

(Including Information on Listed Property)

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

Attach to your tax return.

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

Halo for Freedom Warrior Foundation

Identifying number 46-0588433

	224 111416	.or rrocuom	Walled 10	4114401011		1 -0	000	0 1 0 0
	ess or activity to which this form relate							
	ndirect Depreciat							
Pa	rt I Election To Expe		•					
	Note: If you have		y, complete Part v	before you c	omplete Part	l.		1 000 000
1	Maximum amount (see instruction		1	1,080,000				
2	Total cost of section 179 propert		2	0 700 000				
3	Threshold cost of section 179 pr			tructions)			3	2,700,000
4	Reduction in limitation. Subtract		• •				4	
_5	Dollar limitation for tax year. Subtract						5	
6	(a) Descripti	on of property	(1	b) Cost (business use	only) (c)	Elected cost		
						_		
					4	-		
7	Listed property. Enter the amour				7			
8	Total elected cost of section 179			6 and 7			8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deductio				()		10	
11	Business income limitation. Ente		,			ns	11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deductio				13			
_	Don't use Part II or Part III belov			indon (Doult	Salvala Bata		0-	a lantauntinan V
	rt II Special Deprecia					propen	y. 5e	e instructions.)
14	Special depreciation allowance for		other than listed prope	rty) placed in ser	vice			
	during the tax year. See instructi						14	
15	Property subject to section 168(t						15	
16 Da	Other depreciation (including AC			Coo inotructio			16	
Pa	rt III MACRS Deprecia	ttion (Don't includ	Section		oris.)			
	MAODO de destina for acceta al						17	1,733
17	MACRS deductions for assets pl						17	1,733
18	If you are electing to group any assets place		ervice During 2022 Ta			ociation S	vetom	
	Occilon B	(b) Month and year	(c) Basis for depreciation		Concrai Depi		ystein	
	(a) Classification of property	placed in	(business/investment us		(e) Convention	(f) Meth	iod	(g) Depreciation deduction
19a	3-year property	service	only-see instructions)	ponod				
b	5-year property							
	7-year property							
d	10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
"	property			27.5 yrs.	MM	S/L		
-	Nonresidential real			39 yrs.	MM	S/L		
'	property			35 yis.	MM	S/L		
	,	ssets Placed in Serv	/ice During 2022 Tax	Year Using the		L.	Syste	m
20a	Class life	Social Flaced III Oct (Tice During 2022 Tax	Tear Osing the	Alternative Dep	S/L	Oystei	
	12-year		-	12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See in	etructions)	L	1 0 yi3.	IVIIVI	L 3/L		
<u> </u>	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12		lines 19 and 20 in colu	ımn (g), and line	21. Enter		41	
	here and on the appropriate line					<u></u>	22	1,733
23	For assets shown above and pla	ced in service during						
	portion of the basis attributable t	o coction 263 A cocto		22	I			

76350 Halo for Freedom Warrior Foundation

46-0588433

FYE: 12/31/2022

Federal Asset Report Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	MACRS: Mossberg - U695124 Mossberg - U702258 Mossberg - U686035(6) Mossberg - U694799 Mossberg - U708271 Mossberg - U707758 Mossberg - U707758 Mossberg - U702274 Remington - RS00118M Remington - RS08973N Remington - RS08989N S&W AR15 - SR76078 Bushmaster - BFIT011142 Bushmaster - ARB(z)2048 Weatherby - AK16661(81) Weatherby - AK22868 Weatherby - AK22867 Barrett - AA003206 3 - GoPro Cameras Laptop Sound System 5 - IPads Parachute Containers Metal Targets for events Trailer - Enclosed 6 - iPads Guns Rifles Firearms Firearms Firearms Firearms Firearms Firearms	3/01/14 3/01/15 7/28/15 6/04/15 3/06/15 1/26/16 3/17/16 1/19/17 1/26/17 2/08/17 3/07/17	851 851 851 851 851 851 851 1,270 1,270 1,270 1,376 1,400 1,400 939 939 939 7,045 897 782 2,500 995 12,730 6,798 6,500 3,294 2,920 2,189 1,442 2,920 0,105 2,000	X X X X X X X X X X X X X X X X X X X	425 425 425 425 425 425 425 635 635 635 638 700 700 469 469 469 469 3,523 448 391 1,250 497 6,365 3,399 6,500 1,647 1,460 1,095 721 1,460 5,053 1,000	7 HY 200DB	851 851 851 851 851 851 1,270 1,270 1,270 1,376 1,400 1,400 1,400 939 939 939 7,045 897 782 2,500 995 12,244 6,610 6,500 3,294 2,725 2,042 1,281 2,594 8,978 1,777	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
34	Firearms	3/17/17	2,189 83,005	X	1,095 44,748	7 HY 200DB .	1,945 79,908	97 1,733
Other 35 36 37 38	Depreciation: Parachutes Vehicle Equipmet Firearms Total Other Depreciation	1/05/17 1/01/17 1/01/17 1/01/18	8,244 31,000 24,744 75,332 139,320	- -	8,244 31,000 24,744 75,332 139,320	7 Memo 0 Memo 0 Memo 0 Memo	0 0 0 0 0	0 0 0 0
	Total ACRS and Other D	epreciation =	139,320	=	139,320		0	0
	Grand Totals Less: Dispositions and Tr Less: Start-up/Org Expen Net Grand Totals		222,325 0 0 222,325	- -	184,068 0 0 184,068		79,908 0 0 79,908	1,733 0 0 1,733

76350 Halo for Freedom Warrior Foundation

46-0588433

FYE: 12/31/2022

TX Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
Prior MA		0/01/14	051	051	0.51	0	0	0
	ssberg - U695124	3/01/14 3/01/14	851 851	851 851	851 851	0	0	$0 \\ 0$
	ssberg - U702258 ssberg - U686035(6)	3/01/14	851	851	851	0	0	0
5 Mo	ssberg - U694799	3/01/14	851	851	851	0	0	ő
6 Mo	ssberg - U708271	3/01/14	851	851	851	ő	ő	Ö
	ssberg - U707758	3/01/14	851	851	851	0	0	0
	ssberg - U702274	3/01/14	851	851	851	0	0	0
	nington - RS00118M	3/01/14	1,270	1,270	1,270	0	0	0
	mington - RS08973N	3/01/14 3/01/14	1,270	1,270	1,270	0	0	$0 \\ 0$
	nington - RS08989N W AR15 - SR76078	3/01/14	1,270 1,376	1,270 1,376	1,270 1,376	0	. 0	0
	shmaster - BFIT011142	3/01/14	1,400	1,400	1,400	01	0	0
	shmaster - ARB(z)2048	3/01/14	1,400	1,400	1,400	_0	ő	ő
	atherby - AK16661(81)	3/01/14	939	939	939	0	0	0
	atherby - AK22868	3/01/14	939	939	939	0	0	0
	atherby - AK22870	3/01/14	939	939	939	0	0	0
	atherby - AK22867	3/01/14	939	939	939	0	0	0
	rett - AA003206 GoPro Cameras	3/01/14 3/01/14	7,045 897	7,045 897	7,045 897	$\begin{array}{c} 0 \\ 0 \end{array}$	0	$0 \\ 0$
20 3 - 21 Lap		3/01/14	782	782	782	0	0	0
	and System	3/01/14	2,500	2,500	2,500	0	0	ő
	IPads	3/01/14	995	995	995	0	0	0
	achute Containers	10/16/15	12,730	12,730	11,757	973	486	-487
	iler - Enclosed	6/04/15	0	0	0	0	0	0
	iPads	3/06/15	3,294	3,294	3,294	0	0	0
28 Gui		1/26/16	2,920	2,920	2,529	261	130	-131
29 Rifl 30 Fire	earms	3/17/16 1/19/17	2,189 1,442	2,189 1,442	1,896 1,120	195 129	98 64	-97 -65
	earms	1/26/17	2,920	2,920	2,268	261	131	-130
	earms	2/08/17	10.105	10,105	7,850	902	450	-452
33 Fire	earms	3/07/17	2,000	2,000	1,554	178	89	-89
34 Fire	earms	3/17/17	2,189	2,189	1,701	195	97	-98
			69,707	69,707	63,887	3,094	1,545	-1,549
		_ =			·			
04 5			, i					
Other De	preciation: tal Targets for events	7/28/15	0	0	0	0	188	188
	achutes	1/05/17	8,244	8,244	0	0	0	0
	nicle	1/01/17	31,000	31.000	ő	ő	ő	ő
	nipmet	1/01/17	24,744	24,744	0	0	0	0
	earms	1/01/18	75,332	75,332	0	0	0	0
	Total Other Depreciation	\	139,320	139,320	0	0	188	188
		_						
	T + 1 + CPC	•	120 220	120 220	_	^	100	100
	Total ACRS and Other Dep	reciation =	139,320	139,320	0	0	188	188
	•							
	Grand Totals		209,027	209,027	63,887	3,094	1,733	-1,361
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense	_	0	0	0	0	0	0
	Net Grand Totals	=	209,027	209,027	63,887	3,094	1,733	-1,361

76350 Halo for Freedom Warrior Foundation

46-0588433

FYE: 12/31/2022

AMT Asset Report Form 990, Page 1

_		Date	_	Bus Sec_	Basis			
Asset	Description	In Service_	Cost	<u>%</u> <u>179</u> B <u>onu</u> s	for Depr	Per Conv Meth	Prior	Current
Prior	MACRS:							
2	Mossberg - U695124	3/01/14	851	X	425	7 HY 200DB	851	0
3	Mossberg - U702258	3/01/14	851	X	425	7 HY 200DB	851	0
4	Mossberg - U686035(6)	3/01/14	851	X	425	7 HY 200DB	851	0
5	Mossberg - U694799	3/01/14	851	X	425	7 HY 200DB	851	0
6 7	Mossberg - U708271 Mossberg - U707758	3/01/14 3/01/14	851 851	X X	425 425	7 HY 200DB 7 HY 200DB	851 851	$\begin{array}{c} 0 \\ 0 \end{array}$
8	Mossberg - U702274	3/01/14	851	X	425	7 HY 200DB	851	0
9	Remington - RS00118M	3/01/14	1,270	X	635	7 HY 200DB	1,270	ő
10	Remington - RS08973N	3/01/14	1,270	X	635	7 HY 200DB	1,270	ő
11	Remington - RS08989N	3/01/14	1,270	X	635	7 HY 200DB	1,270	0
12	S&W AR15 - SR76078	3/01/14	1,376	X	688	7 HY 200DB	1,376	0
13	Bushmaster - BFIT011142	3/01/14	1,400	X	700	7 HY 200DB	1,400	0
14	Bushmaster - ARB(z)2048	3/01/14	1,400	X	700	7 HY 200DB	1,400	0
15	Weatherby - AK16661(81)	3/01/14	939 939	X	469 469	7 HY 200DB 7 HY 200DB	939 939	0
16 17	Weatherby - AK22868 Weatherby - AK22870	3/01/14 3/01/14	939	X X	469 469	7 HY 200DB 7 HY 200DB	939	$\begin{array}{c} 0 \\ 0 \end{array}$
18	Weatherby - AK22870 Weatherby - AK22867	3/01/14	939	X	469	7 HY 200DB	939	0
19	Barrett - AA003206	3/01/14	7,045	X	3,523	7 HY 200DB	7,045	ő
20	3 - GoPro Cameras	3/01/14	897	X	448	7 HY 200DB	897	Õ
21	Laptop	3/01/14	782	X	391	7 HY 200DB	782	0
22	Sound System	3/01/14	2,500	X	1,250	7 HY 200DB	2,500	0
23	5 - IPads	3/01/14	995	X	497	7 HY 200DB	995	0
24	Parachute Containers	10/16/15	12,730	X	6,365	7 MQ200DB	12,244	486
25 26	Metal Targets for events Trailer - Enclosed	7/28/15 6/04/15	6,798 6,500	X	3,399 6,500	7 MQ200DB 5 MQ150DB	6,610 6,500	188 0
27	6 - iPads	3/06/15	3,294	X	1,647	5 MQ200DB	3,294	0
28	Guns	1/26/16	2,920	X	1,460	7 HY 200DB	2,725	130
29	Rifles	3/17/16	2,189	X	1,095	7 HY 200DB	2,042	98
30	Firearms	1/19/17	1,442	X	721	7 HY 200DB	1,281	64
31	Firearms	1/26/17	2,920	X	1,460	7 HY 200DB	2,594	131
32	Firearms	2/08/17	10,105	X	5,053	7 HY 200DB	8,978	450
33	Firearms	3/07/17	2,000	X	1,000	7 HY 200DB	1,777	89
34	Firearms	3/17/17	2,189	X	1,095	7 HY 200DB	1,945	97
		_	83,005		44,748		79,908	1,733
						•		_
Other	Depreciation:							l
<u>Other</u> 35	Parachutes	1/05/17	8,244		8,244	7 Memo	0	0
36	Vehicle	1/03/17	31,000		31,000	5 Memo	23,560	0
37	Equipmet	1/01/17	0		0	0 HY	0	ő
38	Firearms	1/01/18	0		0	0 HY	0	0
	Total Other Depreciation	_	39,244		39,244	•	23,560	0
	Total Other Depreciation	_	37,477			-	23,300	<u> </u>
	ZY							
	Total ACRS and Other Dept	reciation	39,244		39,244		23,560	0
		=				=		
	¥							
	Grand Totals		122,249		83,992		103,468	1,733
	Less: Dispositions and Trans	sters _	0		0		0	0
	Net Grand Totals		122,249		83,992		103,468	1,733
		=				=		

05/17/2023 9:39 AM

76350 Halo for Freedom Warrior Foundation

46-0588433

Bonus Depreciation Report

FYE: 12/31/2022

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
	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	4 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		10	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	76,505				38,257	38,248
		Granu Total	10,303				30,237	30,270

76350 Halo for Freedom Warrior Foundation

05/17/2023 9:39 AM

46-0588433

Future Depreciation Report FYE: 12/31/23

FYE: 12/31/2022 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT					
Prior MACRS:										
2	Mossberg - U695124	3/01/14	851	0	0					
3	Mossberg - U702258	3/01/14	851	ő	ő					
4	Mossberg - U686035(6)	3/01/14	851	0	0					
5	Mossberg - U694799	3/01/14	851	0	0					
6	Mossberg - U708271	3/01/14	851	0	0					
7	Mossberg - U707758	3/01/14	851	0	0					
8	Mossberg - U702274	3/01/14	851	0	0					
9	Remington - RS00118M	3/01/14	1,270	0	0					
10	Remington - RS08973N	3/01/14	1,270	0	0					
11	Remington - RS08989N	3/01/14	1,270	0	0					
12	S&W AR15 - SR76078	3/01/14	1,376	0	0					
13	Bushmaster - BFIT011142	3/01/14	1,400	0	0					
14	Bushmaster - ARB(z)2048	3/01/14	1,400	0	0					
15	Weatherby - AK16661(81)	3/01/14	939	0	0					
16	Weatherby - AK22868	3/01/14	939	0	0					
17	Weatherby - AK22870	3/01/14	939	0	0					
18	Weatherby - AK22867	3/01/14	939	0	0					
19	Barrett - AA003206	3/01/14	7,045	0	0					
20	3 - GoPro Cameras	3/01/14	897		0					
21 22	Laptop	3/01/14 3/01/14	782 2,500		0					
23	Sound System 5 - IPads	3/01/14	2,300 995	6	0					
23 24	Parachute Containers	10/16/15	12,730	0	0					
25	Metal Targets for events	7/28/15	6,798	0	0					
26	Trailer - Enclosed	6/04/15	6,500		0					
27	6 - iPads	3/06/15	3,294	0	0					
28	Guns	1/26/16	2,920	65	65					
29	Rifles	3/17/16	2,189	49	49					
30	Firearms	1/19/17	1,442	65	65					
31	Firearms	1/26/17	2,920	130	130					
32	Firearms	2/08/17	10,105	451	451					
33	Firearms	3/07/17	2,000	89	89					
34	Firearms	3/17/17	2,189	98	98					
			83,005	947	947					
Other I	Depreciation:									
2.5	D. I.	1/07/17	0.044							
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		139,320	0	0					
	Total ACRS and Other Depreciation		139,320	0	0					
	Toma 12012 and Outer Depreciation									
	Grand Totals		222,325	947	947					

76350 Halo for Freedom Warrior Foundation 05/17/2023 9:39 AM

TX Future Depreciation Report FYE: 12/31/23 46-0588433

Form 990, Page 1 FYE: 12/31/2022

		Date In				
<u>Asset</u>	Description	Service	Cost	TX		
Prior M	IACRS:					
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Mossberg - U695124 Mossberg - U702258 Mossberg - U686035(6) Mossberg - U708271 Mossberg - U707758 Mossberg - U707758 Mossberg - U702274 Remington - RS00118M Remington - RS08973N Remington - RS08989N S&W AR15 - SR76078 Bushmaster - BFIT011142 Bushmaster - ARB(z)2048 Weatherby - AK16661(81) Weatherby - AK22868 Weatherby - AK22867 Barrett - AA003206 3 - GoPro Cameras Laptop Sound System 5 - IPads Parachute Containers Metal Targets for events Trailer - Enclosed 6 - iPads Guns Rifles Firearms	3/01/14 3/01/16 1/19/17 1/26/17 3/07/17 3/17/17	851 851 851 851 851 851 851 1,270 1,270 1,270 1,376 1,400 1,400 939 939 939 939 7,045 897 782 2,500 995 12,730 0 0 3,294 2,920 2,189 1,442 2,920 10,105 2,000 2,189 69,707	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	524	
	Depreciation:	•				
35 36	Parachutes Vehicle	1/05/17 1/01/17	8,244 31,000	0		
37 38	Equipmet Firearms	1/01/17 1/01/18	24,744 75,332	$0 \\ 0$		
	Total Other Depreciation		139,320	0		
	Total ACRS and Other Depreciation		139,320	0		
	Grand Totals		209,027	1,894		

Form **990**

Name

Event Income and Deduction Worksheet

Description Weekend to Remember

Halo for Freedom Warrior Foundation

Taxpayer Identification Number

2022

46-0588433

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

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	
3. Circulation income 3.	
4. Other income 4.	
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6. 287,	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7. 287,	
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	
10. Fees for services 10.	Interest
11. Indirect Expense 11. 3,	991 Insurance 985
12. Depreciation Expense 12.	Total Indirect Expense 3,991
13. Exempt Activity Expense 13. 65,	012
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16. 218 ,	
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance 3,300
Section 263A costs	Bad debts
Other costs	Taxes/licenses 500
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses 61,212
Compensation of officers	Total Exempt Activity Expense 65,012
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other Total Fees for Services	
	Allocation of Evnance to Brown Samine Assemblish-
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	First
Part VI, Centralled Org Jacobs	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Form **990**

Event Income and Deduction Worksheet

2022

Descri

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:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	42,023	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	42,023	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	42,023	On non-investment property
The state of the s	,,	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Depletion
Beginning inventory		Total Depression Expense
Purchases		Expense Details - Exempt Activity Expense:
		Repairs and Maintenance
Labor Section 263A costs		Bad debts
Other costs		Bad debts
		Taxes/licenses Charitable contributions
Ending inventory Total Cost of Goods Sold		Dividend recd deductions
Total cost of Goods Sold		
Expense Details - Employment Expense:		Readership costs
	•	Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Evenes Petails - Eventualising Eveness
Pension plan contributions Other employee benefits		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Sche	odule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #	duis A.	
Part V, Debt Financing		First
		Second
Part VI, Controlled Org Income		Third
Part VIII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX. Advertising Income		

Form **990**

Two Year Comparison Report

For calendar year 2022, or tax year beginning

ending

2021 & 2022

F	Malo for Freedom Warrior Foundation	n				Identification Number
			2021	2022		Differences
	1. Contributions, gifts, grants	1.	166,642	581	,278	414,636
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
e	4. Program service revenue	4.				
_	5. Investment income	5.				
>	6. Proceeds from tax exempt bonds	6.				
Re	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	-92,083	-26	,980	65,103
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	15	17	,318	17,303
	12. Total revenue. Add lines 1 through 11	12.	74,574	571	,616	497,042
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.				
e	17. Professional fundraising fees	17.)		
х О	18. Other professional fees	18.	16	4	,000	3,984
ш	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.	2,587		,733	-854
	21. Other expenses	21.	19,722		,386	240,664
	22. Total expenses. Add lines 13 through 21	22.	22,325		,119	243,794
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	52,249		,497	253,248
	24. Total exempt revenue	24.	74,574	571	,616	497,042
_	25. Total unrelated revenue	25.				
ion	26. Total excludable revenue	26.	15		,318	17,303
ma	27. Total assets	27.	223,390	528	,356	304,966
Information	28. Total liabilities	28.				
=	29. Retained earnings	29.	223,390		,356	304,966
-	30. Number of voting members of governing body	30.	11	11		
0	31. Number of independent voting members of governing body	31.	0	0		
	32. Number of employees	32.	0	0		
	33. Number of volunteers	33.	35	35		

Form 990	Tax Return History		2022
Name	Halo for Freedom Warrior Foundation	Employer Id	lentification Number 88433

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants		329,312	161,245	166,642	581,278	
Membership dues						
Program service revenue		9,175	2,775			
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)		-82,218	-127,841	-92,083	-26,980	
Gaming revenue (income/loss)						
Other revenue		176	3	. 15	17,318	
Total revenue		256,445	36,182	74,574	571,616	
Grants and similar amounts paid		11,975				
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees		1,593		16	4,000	
Occupancy costs						
Depreciation and depletion		5,164	3,878	2,587	1,733	
Other expenses		237,955	31,641	19,722	260,386	
Total expenses		256,687	35,519	22,325	266,119	
Excess or (Deficit)		-242	663	52,249	305,497	
Total exempt revenue		256,445	36,182	74,574	571,616	
Total unrelated revenue		< 1 \				
Total excludable revenue		9,351	2,778	15	17,318	
Total Assets		171,211	171,317	223,390	528,356	·
Total Liabilities						
Net Fund Balances		171,211	171,317	223,390	528,356	

76350 Halo for Freedom Warrior Foundation

46-0588433

Depreciation Adjustment Report

05/17/2023 9:39 AM

FYE: 12/31/2022 All Business Activities

		0.,2022				
<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACI	RS Adj	ustments:				
Page 1		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	Mossberg - U695124 Mossberg - U702258 Mossberg - U686035(6) Mossberg - U694799 Mossberg - U708271 Mossberg - U70758 Mossberg - U702274 Remington - RS08973N Remington - RS08973N Remington - RS08989N S&W AR15 - SR76078 Bushmaster - BFIT011142 Bushmaster - ARB(z)2048 Weatherby - AK16661(81) Weatherby - AK22868 Weatherby - AK22867 Barrett - AA003206 3 - GoPro Cameras Laptop Sound System 5 - IPads Parachute Containers Metal Targets for events Trailer - Enclosed 6 - iPads Guns Rifles Firearms	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

46-0588433

Halo for Freedom Warrior Foundation

Net Asset / Fund Balance at Begin	ning of Year			223,390
Revenue				
Contributions	58	1,278		
Program service revenue				
Investment income				
Capital gain / loss				
				
Fundraising / Gaming: Gross revenue	42,023		4	
	69,003		. \	
Direct expenses		6 090	7	
Net income	1	6,980 7,318		
Other income			E91 616	
Total revenue			571,616	
Expenses	0.0	0 245	·	
Program services		9,347 6,772		
Management and general	5	6,77 <u>2</u>		
Fundraising				
Total expenses			266 , 119	
Excess / (deficit)		150		305,497
Changes		2		-531
	alance at End of Year			528,356
	1			
Reconciliation of F	Revenue		Reconciliation of Expe	enses
Total revenue per financial statements		Total expenses pe	er financial statements _	
Less:	. </td <td>Less:</td> <td></td> <td></td>	Less:		
Unrealized gains	1 X	Donated servi	ces	
Donated services	+	Prior year adju	ustments	
Recoveries		Losses	_	_
Other		Other		
Plus:		Plus:	_	
Investment expenses		Investment ex	penses	
Other		Other		_
Total revenue per return	571,616		enses per return	266,119
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	223,390	528,356		
Liabilities		<u> </u>		
Net assets	223,390	528,356	304,966	:
	Miscellaneous Info	_		
	Return / extended due date	$11/15/2\overline{3}$		
	Failure to file penalty			

5/17/2023 9:39 AM

46-0588433

FYE: 12/31/2022

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	 Total Expenses	Program Service	Management & General	_	Fund Raising
Professional Fees Contractor	\$ 1,500 2,500	\$	\$ 1,500 2,500	\$	
Total	\$ 4,000	\$	0 \$ 4,000	\$	0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	\$ 11,227	\$ 11,227	\$	\$
Parachute Costs	9,796	9,796		
Flight Training	9,464	9,464		
Auction	6,670	6,670		
Auto	5,213	5,213		
Fuel - Cesna	4,625	4,625		
Telephone	1,620	·	1,620	
Ammo	1,536	1,536	,	
Bank Service Charge	1,130	,	1,130	
HALO Labor	1,082	1,082		
Repairs	485	485		
Foundation Flags	359	359		
Total	\$ 53,207	\$ 50,457	\$ 2,750	\$ 0

76350 Halo for Freedom Warrior Foundation 46-0588433 FYE: 12/31/2022

Federal Statements

5/17/2023 9:39 AM

Schedule A, Part II, Line 1(e)

 Amount
\$ 294,107
287,171
\$ 581,278
\$

Schedule A, Part II, Line 12 - Current year

Descri	ption	 <u>Amount</u>
Parachute Events Weekend to Remember		\$ 17,318
Other Fundraising		 42,023
Total		\$ 59,341