Form **990**

Return of Organization Exempt From Income Tax

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

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

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the	2023 calendar year, or tax year beginning	, and er	nding							
В	Check if ap	oplicable: C Name of organization				D Employer	identification number				
	Address ch	nange Halo for	Freedom Warrio	r Foundation							
一	Name chan	Doing business as				46-0	588433				
믬	Name Chan	Number and street (or P.O. box if mail is not deliver	ed to street address)		Room/suite	E Telephone	number				
$\overline{}$	Initial return										
	Final return terminated	City or town, state or province, country, and ZIP or	foreign postal code								
	Amended r	Willow Park	TX 76087			G Gross rece	aipts\$ 320,678				
믬	Amended 1	F Name and address of principal officer:			H(a) Is this a gro	un satura for a	ubordinates? Yes X No				
	Application	pending Dana Bowman			m(a) is this a gro	up retuin for s	ubordinates? Tes 22 No				
		100 Spanish Oak Rd			H(b) Are all sub-	ordinates inclu	uded? Yes No				
		Weatherford	TX 76086		If "No,"	attach a list.	See instructions				
ī	Tax-exemp	pt status: X 501(c)(3) 501(c) () (ins	sert no.) 4947(a)(1	or 527	1						
J	Website:	www.haloforfreedom.org		<u> </u>	H(c) Group elxen	notion numbe	r				
<u>-</u>	Form of or		Other	I Ve	ear of formation: 2		M State of legal domicile: TX				
	Part I	Summary	Other	12 10	au of formation.	<u> </u>	M State of legal dofficile.				
·		Briefly describe the organization's mission or most	significant activities								
	'	See Schedule 0	significant activities:								
ဥ		See Schedule 0									
na											
Governance	31.5	innerial a lal eta a assessina innimi	<u> </u>			999					
တိ		theck this box if the organization discontinued	•	ed of more than 25%	of its net asset	1 1					
જ	3 N	lumber of voting members of the governing body (Part VI, line 1a)			3	11				
es	4 N	lumber of independent voting members of the gov	erning body (Part VI, line	e 1b)		4	0				
₹	5 T	otal number of individuals employed in calendar y	ear 2023 (Part V, line 2a		S., 703 991	5	0				
Activities	6 T	otal number of volunteers (estimate if necessary)				6	35				
-	7a T	otal unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0				
	b N	let unrelated business taxable income from Form 9	990-T, Part I, line 11	18.00 (19		. 7b	0				
	1			_	Prior Yea		Current Year				
<u>a</u>		contributions and grants (Part VIII, line 1h)			581	278	301,832				
enr		rogram service revenue (Part VIII, line 2g)	VIRGINAL VIRGINAL AND	A , . W			0				
Revenue	10 In	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)				0				
ш.	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8	17(7)			,662	-274,881				
_	1	otal revenue – add lines 8 through 11 (must equa		ne 12)	571	1,616	26,951				
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	*******			0				
			paid to or for members (Part IX, column (A), line 4)								
S	15 S	alaries, other compensation, employee benefits (F	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
Expenses	16a P	rofessional fundraising fees (Part IX, column (A),	line 11e)				0				
¢ be	b T	otal fundraising expenses (Part IX, column (D), lin	ne 25)	Λ Ι							
Ш	17 0	Other expenses (Part IX, column (A), lines 11a-11	d, 11f–24e)		266	,119	86,016				
	18 T	otal expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		266	,119	86,016				
	19 R	evenue less expenses. Subtract line 18 from line	12		305	497	-59,065				
Net Assets or		•			Beginning of Curr		End of Year				
Set	20 T	otal assets (Part X, line 16)			528	3,356	473,731				
# 5	21 T					0	0				
Ž	22 N	let assets or fund balances. Subtract line 21 from	line 20	NEW PROPERTY OF THE PROPERTY O	528	3,356	473,731				
P	art II	Signature Block									
	,	alties of perjury, I declare that I have examined this retu	, , , ,		,	,	owledge and belief, it is				
tr	ue, correc	ct, and complete. Declaration of preparer (other than offi	cer) is based on all informa	ition of which preparer ha	as any knowledge	e. 					
Siç		Signature of officer				Date					
He	re	Dana Bowman		President							
_		Type or print name and title	T		¥						
_	. 1	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN				
Pai		Roy D Stone CPA	12/09/	/24 self-em							
	parer	Firm's name George, Morgan		.C.	Fi	rm's EIN	75-1999675				
Use	Only	1849 Wall Stre	eet								
_		Firm's address Weatherford, I	X 76086-629	8	Ph	none no.	817-594-2704				
Ma	y the IRS	S discuss this return with the preparer shown above	ve? See instructions				X Yes No				
Ear	Danamus	ork Paduation Act Nation, see the congrets instructi					F QQU (2022)				

Form 990 (2023) Halo for Freed		16-0588433 Page 2
	Service Accomplishments	
	ains a response or note to any line in	this Part III
1 Briefly describe the organization's mission See Schedule O	:	
Dec Benedate O		
· · · · · · · · · · · · · · · · · · ·		
	ant program services during the year which w	
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on S 3 Did the organization cease conducting, or	ichedule O. make significant changes in how it conducts,	any program
services?	make significant changes in now it conducts,	Yes X No
If "Yes," describe these changes on Scheo	dule O.	
4 Describe the organization's program service	e accomplishments for each of its three large	st program services, as measured by
	organizations are required to report the amou	unt of grants and allocations to others,
the total expenses, and revenue, if any, fo	r each program service reported.	1
4a (Code:) (Expenses \$	72,860 including grants of \$	(Dallana C
9,000,000,000) (Revenue \$ CHE CHALLENGES PRESENTED DURING
		THE EXPENSES ARE USED TO MEET
		OVER AND REINTERGRATE FROM COMP
	recynago	
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		* (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.

4b (Code:) (Expenses \$	including grants of \$) (Revenue \$
N/A		0.61.4101.023.34.3101.022
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Taka kanadan basa basa katan bada bada bada bada bada bada		
£ 10.00 £ 1.1 ± 1.		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$
N/A		
***************************************	**********************************	
Supercollege de la company		
***********************************	(************************************	
Europau o erekana erek		
Secretaria		
Ad Other program convices /Describe as Cab	adula O)	
4d Other program services (Describe on Sche (Expenses \$ 947	including grants of \$) (Revenue \$
4e Total program service expenses	73,807	, ,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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,			l
	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,"	_		٠,,
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		A
''	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,"			
u	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	114		
-	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		Х
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		Х
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			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		x
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		A
13	for any first agree in Fig. 1. Beauty late Cale 1.1. E. David III.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	L .	Х

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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a 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 Х 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? X 25b If "Yes," complete Schedule L, Part I 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 X persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule 28 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 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in no cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 X 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," 32 complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-32 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 X or IV. and Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes." complete Schedule R. Part V. line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 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. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 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	int 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	ns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
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	е				
	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			
	gifts were not tax deductible?		The Contraction of the Contract of the Contrac	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		_		
	and services provided to the payor?	A. 183		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	S		7-		
a	required to file Form 8282?	7d		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		l	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	200	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		10000000	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		2.4.4.4.4			
_	and the second s			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:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	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.			42-		
а				13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
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 examination receive any neumants for indeed tensions during the traverse			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			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	incon	ne?	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 activity	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	one-secon		17		
	If "Yes," complete Form 6069.					

<u>Forn</u>	990 (2023) Halo for Freedom Warrior Foundation 46-0588433		Р	age 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	'N o"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e insi	tructio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			ot
Sec	tion 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 1a 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.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			 •
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	В		
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?	70		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members	7a_		_
b	atestitations as assessed attack than the assessing back 2	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a tayable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ioa		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	555 St. 104 - 10		90003x21174255
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	eres000	* 0.5****	AC MOREOUS ESA
	(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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

100 Spanish Oaks Rd

TX 76086

817-597-1826 Form **990** (2023)

Dana Bowman

Weatherford

Form 990 (2023) Halo	for	Freedom	Warrior	Foundation	46-	0588	343	33
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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.

Check this box if Heither the org	anızauon 1101 an	y rei	aleu	orga	ai ilZa	auon C	JUIII	bensaled any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			an e)	(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	<u> </u>	\vdash				B.		6		
(i) David Dowers	0.00									
Board Member	0.00	x						0	0	0
(2) Dana Bowman					Π					
***************************************	0.00				.	K				
President	0.00	X		Х	1	X		0	0	0
(3) Eric Calhoun										
35 6400 00 00 00 00 00 00 00 00 00 00 00 00	0.00	x	•		`			0	o	0
Board Member (4) Terry Carlile	0.00	A				\vdash	-	0	U	<u> </u>
(4) Telly Callife	0.00			X						
Advisory Board	0.00	X	ľ					0	0	0
(5) Bill Cook						П				
• •	0.00									
Board Member	0.00	X						0	0	0_
(6) Caden Gebhard										
***************************************	0.00									
Advisory Board	0.00	X			┡	\vdash		0	0	0
(7) Scott Palomino	0.00									
Board Member	0.00	x						0	0	0
(8) Derek W Robbins	0.00	A			\vdash	\vdash			0	0
(0,201011 11 110222112	0.00									
Advisory Board	0.00	x						0	o	0
(9) Tony Ryan						П				
	0.00									
Advisory Board	0.00	X						0	0	0
(10) Jacey Shack										
Server arabiterar a vicine analite paramana provinci	0.00									
Advisory Board	0.00	X			┝	\vdash		0	0	0
(11) Travis Simmons	0.00									
Board Member	0.00	x						0	0	0
Poard Weimer	0.00	Λ.			_				U	Form 990 (2023)

Form 990 (2023) Hal	o for	Freedom	Warrior	Foundation	46-0588433

Part VII Section A. Officers								and Highest Compensated				Pä	age (
(A) Name and title	(B) Average hours per week (C) Position (do not check more than on box, unless person is both a officer and a director/trustee						one an	(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)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization and organization and	ne n and	S
(12)													
(13)	ran ar man mangg	9											
(14)									7				
(15)													
(16)	Second term												
(17)								,5					
(18)							<	2					
(19)	***********				1	N							
1b Subtotal	ets to Part VII,	Secti	ion /	4									
2 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 f	ormer officer, dir	ecto	r, tru	stee	, ke	/ em	plove	ee, or highest compensated	d	[Yes	No
employee on line 1a? If "Yes, For any individual listed on line organization and related organization	<i>" complete Sche</i> ie 1a, is the sum	dule of r	J for eport	<i>suc</i> table	h ind	dividu npe n :	<i>ial</i> satio	on and other compensation	from the		3		X
individualDid any person listed on line									· individual		4	-	X
for services rendered to the constraint Section B. Independent Contractor	120.7	/e s,"	com	plete	e Sci	hedui	le J	for such person .		10111	5		X
Complete this table for your f compensation from the organ	ive highest comp									aar			
	(A) d business address	JIIIDC	711341		101 (1	ic ca	Cria		(B) ion of services	Jar	Cor	(C)	on
2 Total number of independent received more than \$100,000								se listed above) who	0				

	•••	Check if Schedule O conta	ains a respons	e or note	to any line in this	s Part VIII		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns	1a					
iran		Membership dues	1b					
Ä,		Fundraising events		176,327				
ar /		Related organizations	1d					
Ξ,Υ		Government grants (contributions)	1e					
ons Si		All other contributions, gifts, grants,						
the	_	and similar amounts not included above Noncash contributions included in	1f 3	25,505				
E O	y	lines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f			301,832			
				Business Code				
ė,	2a	4 _{s.s.} _s						
۾ ڏ	b	&E: 18	Lean Action		`			
Suna	С		277					
Program Service Revenue	d							
rog L	е							
-	f	All other program service revenue						
_	g	Total. Add lines 2a–2f		9494699499G				
	3	Investment income (including dividend	s, interest, and		(1		
		other similar amounts)		*******				
	4	Income from investment of tax-exempt		*********				
	5	Royalties		-	-			
		(i) Real	(ii) Pe	ersonal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b			X			
	_	Rental inc. or (loss) 6c		$\overline{}$				
	d 7a	Net rental income or (loss) Gross amount from						
		sales of assets	(ii) C	Other				
		other than inventory 7a						
Other Revenue	D	Less: cost or other						
eve		basis and sales exps. 7b Gain or (loss) 7c						
2			1					
the		Gross income from fundraising events		and have believed				
0	ua	(not including \$ 176,327						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	=	293,727				
		Net income or (loss) from fundraising			-293,727			
		Gross income from gaming			, , , , ,			
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming acti	vities					
	10a	Gross sales of inventory, less		;				
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inve	entory					
s				Business Code				
e eon	11a	Parachute Events			18,846	18,846		
Miscellaneous Revenue	b	*	(9000000)					
See.	С	(F)	20 20 20 20 20 20 20 20 20 20 20 20 20 2					
Mis	d	All other revenue	Activities de l'activité de la constant de l'activité de l					
		Total. Add lines 11a-11d			18,846			
	12	Total revenue. See instructions			26,951	18,846	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X Do not include amounts reported on lines 6b, 7b, Total expenses Management and general expenses Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): a Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 4,000 600 (A) amount, list line 11g expenses on Schedule O.) , 600 Advertising and promotion 1,012 1,012 12 578 13 Office expenses 1,349 Information technology 1,675 1,675 14 Royalties 15 1,742 1,742 Occupancy 16 8,629 2,548 6,081 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 947 947 Depreciation, depletion, and amortization 22 Insurance 1,376 1,376 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 25,013 25,013 Supplies 7,616 7,616 Fuel - Aircraft 6,177 6,177 Repairs 4,827 4,827 Parachute Costs 17**,**778 21,053 3,275 e All other expenses 86,016 73,807 12,209 Total functional expenses. Add lines 1 through 24e **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part	t X	Balance Sheet					_
		Check if Schedule O contains a response or n	ote to any line in	this Part X			
					(A) Beginning of year		(B) End of year
1	1 Cas	sh—non-interest-bearing			321,519	1	267,841
		vings and temporary cash investments			•	2	•
	3 Ple	dges and grants receivable, net				3	
Ш.		counts receivable, net			j	4	
5		ans and other receivables from any current or for					
	trus	stee, key employee, creator or founder, substantia	al contributor, or	35%			
		ntrolled entity or family member of any of these pe				5	
6		ans and other receivables from other disqualified		ned			
n l		der section 4958(f)(1)), and persons described in			6		
7		the condition of the second section and			Ţ	7	
: 8	B Inv	antarias far anta as una			66,150	8	66,150
9		anaid evaponess and deformed charges				9	
10		nd, buildings, and equipment: cost or other	THE REPORT OF				
		sis. Complete Part VI of Schedule D	10a	222,328			
		ss: accumulated depreciation		82,588	140,687	10c	139,740
11	1 Inv	estments—publicly traded securities		11			
12	2 Inv	estments-—other securities. See Part IV, line 11		2 2 2		12	
13	3 Inv	estments—program-related. See Part IV, line 11				13	
14		angible assets				14	
15	5 Oth	por aggeta. See Port IV. line 11				15	
16	6 To1	tal assets. Add lines 1 through 15 (must equal lin			528,356	16	473,73
17	7 Acc	counts payable and accrued expenses				17	
18	8 Gra	ants payable				18	
19	9 Def	ferred revenue				19	
20	0 Tax	x-exempt bond liabilities				20	
21	1 Esc	crow or custodial account liability. Complete Part	IV of Schedule [0		21	
22	2 Loa	ans and other payables to any current or former o	officer, director,				
	trus	stee, key employee, creator or founder, substantia	al contributor, or	35%			
	con	ntrolled entity or family member of any of these po	ersons			22	
23	3 Sec	cured mortgages and notes payable to unrelated	third parties			23	
24	4 Un	secured notes and loans payable to unrelated thin	d parties			24	
25	5 Oth	ner liabilities (including federal income tax, payabl	es to related thin	rd			
		ties, and other liabilities not included on lines 17-					
	of S	Schedule D				25	
26		tal liabilities. Add lines 17 through 25			0	26	
			here X				
27		d complete lines 27, 28, 32, and 33.					
27					528,356	27	473,733
28		t assets with donor restrictions	8			28	
		ganizations that do not follow FASB ASC 958,	check h ^e r ^e				
		d complete lines 29 through 33.					
29		pital stock or trust principal, or current funds				29	
30		id-in or capital surplus, or land, building, or equipr			-	30	
31		tained earnings, endowment, accumulated income	e, or other funds	·	F00 0F6	31	450 500
30 30 31 32					528,356	32	473,731
33	3 Tot	tal liabilities and net assets/fund balances			528,356	33	473,731

Form **990** (2023)

orm	990 (2023) Halo for Freedom Warrior Foundation 46-0588433			Page 12
Par	t XI Reconciliation of Net Assets			
	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		26,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	36,016
	Revenue less expenses. Subtract line 2 from line 1	3	- 5	59,065
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	28,356
	Net unrealized gains (losses) on investments	5		
	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		9,500
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-5,060
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	47	73,731
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: 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?		2a	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?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		200	
_	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?		2c	
	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?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		54.0	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2023)

SCHEDULE A (Form 990)

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 46 - 0588433

			Halo for	Freedom	Warrior	Foundat	cion		46-058	8433
Pa	art I	Reas	on for Public Cha	arity Status.	(All organizat	tions must o	complete	this part.) S	See instruction	ons.
The	orga	nization is not	a private foundation be	ecause it is: (Fo	r lines 1 through	12, check onl	y one box)		
1		A church, coi	nvention of churches,	or association of	churches descr	ibed in sectio	n 170(b)(1)(A)(i).		
2	П	A school des	cribed in section 170	(b)(1)(A)(ii). (Atta	ach Schedule E	(Form 990).)				
3	П	A hospital or	a cooperative hospital	l service organiz	ation described	in section 170)(b)(1)(A)	(iii).		
4	П	=	search organization op	-					iii). Enter the h	ospital's name,
	ш	city, and state	٥.	•		•			,	,
5		•	ion operated for the be		e or university ov			overnmental un	it described in	***********
_	ш	-	(b)(1)(A)(iv). (Complete	_	· · · · · · · · · · · · · · · · · ·			,		
6	П		ate, or local governmen	•	tal unit described	in section 1	70(b)(1)(A	λ)(ν).	1	
7	X		ion that normally receive	-					e general public	<u>:</u>
		U	section 170(b)(1)(A)(v							
8	\Box	A community	trust described in sec	tion 170(b)(1)(A)(vi). (Complete	Part II.)			•	
9	П	-	al research organizatio			•	ed in con	iunction with a I	and-grant colle	ae
	ш		or a non-land-grant co							•
		university:	-							
10		An organizati	ion that normally receiv	ves (1) more tha	n 33 1/3% of its	support from	contribution	ons, membership	o fees, and gro	SS
		•	activities related to its	•	•	•				
			gross investment inco			<u> </u>			businesses	
	\Box	•	he organization after J					-		
11	Н	•	on organized and ope	•	•			. , . ,		•
12	Ш	-	on organized and oper publicly supported org	-						
			nes 12a through 12d th							CHECK
	а		supporting organization							na
	u		orted organization(s) th							''9
			g organization. You m							
	b	Type II.	A supporting organizati	ion supervised o	r controlled in c	onnection with	its suppo	rted organization	n(s), by having	
		control or	r management of the s	supporting organ	ization vested in	the same pers	sons that	control or mana	ge the support	ed
		organizati	ion(s). You must com	plete Part IV, S	ections A and	C.				
	C		functionally integrate						lly integrated w	ith,
			orted organization(s) (s							
	d	_	non-functionally integot functionally integrate							
			ent (see instructions).						a an auchiven	033
	е	_ `	is box if the organization						II. Type III	
			lly integrated, or Type					31 . 31	, , ,	
	f		mber of supported orga							
	g	Provide the f	following information at	out the support	ed organization(s).		-	V-Valuation (
(i		e of supported	(ii) EIN		Type of organization	1 ' '	organization	(v) Amount o		(vi) Amount of
	org	ganization			cribed on lines 1-10 re (see instructions))		ur governing ment?	suppor instruct	•	other support (see instructions)
				ubov	e (see mondenons))	Yes	No	maudo	uoria)	matrudadna)
(A)						1.55				
(~)										
(B)										
\- /										
(C)										
` '										
(D)										
(E)										
Tota										

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.)

	tion A. Public Support		,		<u> </u>		
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	329,312	161,245	166,642	581,278	301,832	1,540,309
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				s.		
4	Total. Add lines 1 through 3	329,312	161,245	166,642	581,278	301,832	1,540,309
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						1,540,309
Sec	tion B. Total Support		,				
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	329,312	161,245	166,642	581,278	301,832	1,540,309
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			S	÷		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					- A	9
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1				
11	Total support. Add lines 7 through 10					1.5	1,540,309
12	Gross receipts from related activities, etc.						175,767
13	First 5 years. If the Form 990 is for the or		econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	
500	organization, check this box and stop here tion C. Computation of Public Su		lago				X-904/40000000000000000000000000000000000
				- (6)		144	100 00 0/
14 15	Public support percentage for 2023 (line 6, Public support percentage from 2022 Sche	column (1) alvided					100.00 %
	33 1/3% support test — 2023. If the organ			13 and line 14 is			100.00 %
IUa	box and stop here . The organization quali			4:			X
b	33 1/3% support test — 2022. If the organic		- · ·			nore check	
	this box and stop here . The organization of						
17a	10%-facts-and-circumstances test — 20		-			 e 14 is	
	10% or more, and if the organization meet	_					
	Part VI how the organization meets the fac				•		
	organization		ū	•			
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the						
	organization			•		•	
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	aramatatatarassinata
	instructions						
							5000000055

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 falls to	quality under t	ne tests listed i	below, please o	complete Part I	1.)		
	tion A. Public Support	(-) 2010	(F) 2020	(=) 2024	(4) 2022	(-) 2022		(f) Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	+	(f) Total
1	received. (Do not include any "unusual grants.")	-			2			
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					ř		
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					\$-	17.	
8	Public support. (Subtract line 7c from line 6.)			5				
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
9	Amounts from line 6	-						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1//					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	20			-	7	-	
С	Add lines 10a and 10b					- F	2.	
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 o	L rganization's first (second third fourt	h or fifth tax vear	as a section 501(c	7(3)		
• •	organization, check this box and stop her	-		•	•			·
Sec	tion C. Computation of Public Se		itage					
15	Public support percentage for 2023 (line 8			nn (f))	AAA COO OO AAAA CAA COO OO OO OO OO AAAA	TOTAL VIEW AND AND AND A SECOND	15	%
16	Public support percentage from 2022 Scho						16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage					
17	Investment income percentage for 2023 (ine 10c, column (f), divided by line 1	3, column (f))			17	%
18	Investment income percentage from 2022						18	%
19a	33 1/3% support tests — 2023. If the org	anization did not c	check the box on lin			/3%, and line	71.1	
	17 is not more than 33 1/3%, check this b	ox and stop here .	The organization	qualifies as a publ	icly supported org	anization		
b	33 1/3% support tests — 2022. If the org	anization did not d	check a box on line	14 or line 19a, an	d line 16 is more	than 33 1 /3%,	and	
	line 18 is not more than 33 1/3%, check the	-	-	•		-		Contract to the Contract of th
20	Private foundation. If the organization did	d not check a box	on lin e 14, 19a, or	19b, check this bo	ox and see instruc	tions		

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 W, 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?
- 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.
- 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.)

1			Vos	M-
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		res	NO
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		•		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a		3a		
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a				
3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a				
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
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5a 5b 5c 6 7 8 9a 9b 9c				
5a 5b 5c 6 7 8 9a 9b 9c				
5a 5b 5c 6 7 8 9a 9b 9c		4c		
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5b 5c 6 7 8 9a 9b 9c 10a				
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5b 5c 6 7 8 9a 9b 9c 10a				
5c 6 7 8 9a 9b 9c 10a		5a		
5c 6 7 8 9a 9b 9c 10a				
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		10a		
10b Schedule A (Form 990) 2023		l l		
Schedule A (Form 990) 2023		10b		
	sche	dule A	(Form 9	90) 2023

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	on 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,			
- 	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	-	-	
21			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	7.30		
Socti	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the second of the second o		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	_		
3	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	on 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	ıctions	Ú.	
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			
	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	5 THE
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No		200	See
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	plete Sections A through E,	
Section A – Adjusted Net Income	(g)	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		-
7 Other expenses (see instructions)	7	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
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	Ť		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	•	Il supporting organization	
(see instructions).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Schedule A (Form 990) 2023

	e A (Form 990) 2023 Halo for Freedom			88	433 Page
Par	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)		
Sect	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported			
V	organizations, in excess of income from activity			2	
. 3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide de	tails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
<u>, 10</u>	Line 8 amount divided by line 9 amount		i a	10	
Sect	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See		\		
	instructions.			_	
3	Excess distributions carryover, if any, to 2023	()			
	From 2018			_	
	From 2019			_	
	From 2020			_	
	From 2021			_	
	From 2022				
<u>f</u>	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)	4			
<u>, i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
<u> </u>	Section D, line 7:			_	
	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount			_	
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
.60	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

e Excess from 2023

Halo for Freedom Warrior Foundation 46-0588433 Schedule A (Form 990) 2023 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.)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Halo for Freedom Warrior Foundation

46-0588433

Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the seneral Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Halo for Freedom Warrior Foundation

Employer identification number

46-0588433

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
1	All American Tire Recyclers 5225 Teague Rd Fort Worth TX 76140	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Autobahn Motorcar Group 3000 White Settlement Rd Fort Worth TX 76107	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Cornerstone Foundation 917 Glenmont Rd Keller TX 76248	\$ 10,000	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
4	Crazy Mountain Entertainment 302 North 15th St Billings MT 59101	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Moore's Water Well Service 3633 S US Hwy 281 Mineral Wells TX 76067	\$ 7,600	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
6	Michael Inman 5809 Sandstone Ct Flower Mound TX 75022	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page ∠

Name of organization

o for Freedom Warrior Foundation

Employer identification number

нато	for Freedom Warrior Foundation	46	-0588433
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	Wounded Warrior Project 4899 Belfont Rd Ste 300 Jacksonville FL 32256	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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
1.5461.14	9 x x x x x x x x x x x x x x x x x x x	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	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)

Department of the Treasury 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Ivairie	or the organization		Employer identification number
н	alo for Freedom Warrior Foundation		46-0588433
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
-	Complete if the organization answered "Yes" on I		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or edu		important land area
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.	.60	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	luded on line 2a	2c
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during the
	tax year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	easements during the year
	10.10111111111		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easen	nents during the year
_	200.000.000.000.0000.0000.0000.0000.		
8	Does each conservation easement reported on line 2d above satisfy the		\Box v \Box v.

9	In Part XIII, describe how the organization reports conservation easem	·	
	sheet, and include, if applicable, the text of the footnote to the organiz organization's accounting for conservation easements.	ations infancial statements that describes	ine .
D:	Int III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assats
1 6	Complete if the organization answered "Yes" on		Oliffia Assets
12	If the organization elected, as permitted under FASB ASC 958, not to		ca sheet works
ļu	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo		heet works of
_	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items.	,	p /
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures, or		
_	following amounts required to be reported under FASB ASC 958 relating	• • • • • • • • • • • • • • • • • • • •	
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990. Part X		\$

Pa	rt III Organizations Maintaining	Collections of A	rt, Historical 1	reasures, or	Other Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessio collection items (check all that apply).	n, and other records,	check any of the fo	ollowing that mak	ke significant use	of its		5.	
а	Public exhibition	1,000	oan or exchange p	•					
b	Scholarly research	e Ot	ther			ecesia.			
C	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain h	ow they further the	e organization's e	exempt purpose in	Part			
_	XIII.		-4 13-4-3-14						
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						☐ Ye	. [No
Pa	ert IV Escrow and Custodial Arr		it or the organization	ors collection?			1e	5	INO
	Complete if the organization 990, Part X, line 21.	_	on Form 990, P	art IV, line 9,	or reported an	amount o	on Form	1	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other assets	not				
	included on Form 990, Part X?				590000000		∏ Ye	sГ	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table.						
							Amount		
С	Beginning balance	· · · · · · · · · · · · · · · · · · ·				1c			
d	Additions during the year				00.000.000.000	1d			
е	Distributions during the year				er and amount	1e			
f	Ending balance					1f	- T.		1
	Did the organization include an amount on Fo						Ye	* -	No
	If "Yes," explain the arrangement in Part XIII. If V Endowment Funds	Check here if the exp	lanation has been	provided on Part	Alli serre		· · · · · · · · · · · · · · · · · · ·	cir.	1 ,
1 6	Complete if the organization	answered "Yes" o	n Form 990	art IV line 10	1				
	Dempiete II the organization	(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four	years	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses			-					
g	End of year balance			1					
2	Provide the estimated percentage of the curre		line 1g, column (a)	i) held as:					
	Board designated or quasi-endowment	%							
	Permanent endowment % Term endowment %								
·	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posses	·	on that are held an	d administered f	or the				
•	organization by:	solon or the organication	on that are note an	a administered in	51 ti 10		1	Yes	No
	(i) Unvaleded accoming tions 2						3a(i)		
	(II) Deleted evenienting	TATOMAR STREET, CARREST CARREST					2-(")		
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization	answered "Yes" o	on Form 990, Pa	art IV, line 11	a. See Form 9	90, Part 2	, line 1	0.	
	Description of property	(a) Cost or other bas	1	r other basis	(c) Accumulated		(d) Book	value	
		(investment)	(01	her)	depreciation				
1a	Land	.							
b	Buildings	Ģ.				-			
	Leasehold improvements		 	222,328	82,	588	1:	39,	740
	Equipment Other			222,320	02,	300	13	, ,	, -10
	I, Add lines 1a through 1e. (Column (d) must e		(. line 10c. column	(B))		20.000	13	9,'	740

Part VII	Complete if the organization answered "Yes" on	Form 990. Part IV line	11b See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial d	derivatives		
Closely hel	d equity interests	. ,	
Other		-	
(A)			
(B)		-	
(C)		-	
. (D) 			
(E)	***************************************		
(F) (G)			
(H)			
	(b) must equal Form 990, Part X, line 12, col. (B))		ĺ.
Part VIII	Investments - Program Related		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
)			1
)			
)		 	
)			
)			
)		 	
•		0	
3)		0	
7) 3) 9) tal (Column	o (h) must equal Form 990 Part X line 13 col (R))	2	
B) B) tal. (Column	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
B) D)	Other Assets	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
i))) tal. (Column		Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
tal. (Column	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
tal. (Column Part IX	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
)) tal. (Column Part IX	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
) cal. (Column Part IX)	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
) cal. (Column Part IX))))	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
)) al. (Column Part IX))))	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
)) al. (Column Part IX)))))	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
)) al. (Column Part IX)))))))	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	
)) cal. (Column Part IX))))))))	Other Assets Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	
Part IX))))))))))) tal. (Column	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B))	Form 990, Part IV, line	
) cal. (Column Part IX)))))))))	Other Assets Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities		(b) Book value
Part IX)))))))))))) al. (Column	Other Assets Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or		(b) Book value
al. (Column)) al. (Column))))	Other Assets Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	Form 990, Part IV, line	(b) Book value
al. (Column	Other Assets Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25.	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column) al. (Column)) al. (Column art X	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column art IX	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column))))))))))) al. (Column))) (art X	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column art IX al. (Column art X	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column) al. (Column)) al. (Column)) al. (Column)))) (art X	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
al. (Column) al. (Column)) al. (Column)) al. (Column))) Federal in))	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
) al. (Column Part IX)))))) al. (Column Part X) Federal in))))))	Other Assets Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" or line 25. (a) Description of liability	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,

Sche	dule D (Form 990) 2023 Halo for Freedom Warrior Fou	ndation 46-05884	33	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem			
	Complete if the organization answered "Yes" on Form 990, F	-		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	* e**	2e	
3	Subtract line 2e from line 1	(0.000)	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		r Retu	rn
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1_1_	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities		_	
b	Prior year adjustments		_	
С	Other losses		_	
d	Other (Describe in Part XIII.)		4	
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	5	
	rt XIII Supplemental Information	1/ E 4h 2h D+ 1/ E 4	D-4 V	P
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		, ran A,	ille
., Fa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
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Schedule D (F	orm 990) 2023	Halo for	Freedom	Warrior	Foundation	46-0588433	Page 5
Part XIII	Supplement	tal Information	(continued)				
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

lame of the organization				Employer identificat	
Halo for Freedom				46-05884	
Part I Fundraising Activities. Complete			ed "Yes" on Form 9	990, Part IV, line	17.
Form 990-EZ filers are not required					
1 Indicate whether the organization raised funds through		_			
a Mail solicitations	e Solicitation	n of non-gove	ernment grants		
b Internet and email solicitations	f Solicitation	n of governme	ent grants		
c Phone solicitations	g Special fu	ındraising eve	ents		
d In-person solicitations	_ ·	· ·			
2a Did the organization have a written or oral agreement	with any individual	l (includina off	icers, directors, trustee:	S.	
or key employees listed in Form 990, Part VII) or entit b If "Yes," list the 10 highest paid individuals or entities (y in connection with	th professiona	I fundraising services?		Yes No
compensated at least \$5,000 by the organization.	(idilalalació) parou		cho under which the k	STIGITATION TO BE	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes No	60		
2		C			
3		2			
4	78				
5	>				
6					
7					
8					
9					
0					
Total Total	A CHICAGO CONTRACTOR C		+		
List all states in which the organization is registered or registration or licensing.	licensed to solicit	contributions	or has been notified it i	s exempt from	1

THE THE TAXABLE PROPERTY OF TAXABLE PR					
	ALTERNATION AND ADDRESS OF THE PERSON OF THE				

Schedule G (Form 990) 2023 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 176,327 176,327 1 Gross receipts 2 Less: Contributions 176,327 176,327 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 293,727 9 Other direct expenses 293,727 293,727 10 Direct expense summary. Add lines 4 through 9 in column (d) -293,727 11 Net income summary. Subtract line 10 from line 3, column (d) **Gaming.** Complete if the organization answered 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 4 Rent/facility costs 5 Other direct expenses 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: 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) 2023 Halo for Freedom Warrior Foundation 46-0588433		<u>v</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	******	:3 \$ //	_
	formed to administer charitable gaming?		Yes	☐ 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 revenue?		☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
~	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name		erverere	
	Address			
16	Gaming manager information:			
	Name			
	Name	1 * 1 * 4 *		
	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?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_	_
_	spent in the organization's own exempt activities during the tax year \$			
Pa	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	rmation	n.	
	See instructions			
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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

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						
AVERENTIAN BEREITSTEILE	Tot/Prog	Service	Mgt & (General	Fundi	raising
Auction		****	******	**********		********
	\$	4,550	\$	0	\$	0
Event Expe	nses				*****	
T. ***************************	\$	3,495	\$	0	\$	0

Schedule O (Form 990) 2023 Page 2 Employer identification number Name of the organization Halo for Freedom Warrior Foundation 46-0588433 2,398 Airplane/Helicopter Rent 2,346 Event Rental 2,345 Airplane Repairs 1,300 Ammo 1,163 Bank Service Charge 877 Flight Training 156 HALO Labor 140 Permit Total 17,778 3,275 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation -5,060 Nondeductible costs

Page 1 of 1

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

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

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

						1		
	ess or activity to which this form relate							
	ndirect Depreciat			470				
Pa	rt I Election To Expe							
			y, complete Part V	before you c	omplete Part	ls.		1 160 000
1	Maximum amount (see instruction	\$1.00 to \$1.					1	1,160,000
2	Total cost of section 179 property						2	2 900 000
3	Threshold cost of section 179 pro						3	2,890,000
4	Reduction in limitation. Subtract li						4	
5_	Dollar limitation for tax year. Subtract li						5	
6	(a) Descriptio	on of property	(a)	Cost (business use	only) (c)	Elected cost		
						\rightarrow		
_			Į.			-		
7	Listed property. Enter the amount				7			
8	Total elected cost of section 179			and /			8	
9	Tentative deduction. Enter the sr						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter		•			ns	.11	
12	Section 179 expense deduction.					PROTESTOR A	12	
13	Carryover of disallowed deduction				13			
7	: Don't use Part II or Part III below			- N - 1 (D) 11/4	in alorda linka a	1	C-	- :
_	rt II Special Depreciat					propert	y. 5e	e instructions.)
14	Special depreciation allowance for		other than listed propert	y) placed in ser	vice		ا ا	
	during the tax year. See instruction						14	
15	Property subject to section 168(f)		15					
16 D-	Other depreciation (including AC		de l'est d			CONTRACTOR OF	16	
Pa	rt III MACRS Deprecia	tion (Don't includ	de listed property. Section A		ons.)			
47	MACRO deductions for control					- 1	47	0.47
	MACRS deductions for assets pla		years beginning before	2023		·····	17	947
	If you are electing to group any assets place	ed in service during the tax	years beginning before	2023 sset accounts, check	here	П		
	If you are electing to group any assets place	ed in service during the tax Assets Placed in Se	years beginning before ear into one or more general as rvice During 2023 Tax	2023sset accounts, check Year Using the	here	П		
	If you are electing to group any assets place	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	here	П	ystem	
17 18	Section B—A	Assets Placed in Se (b) Month and year	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
18 19a	Section B— (a) Classification of property 3-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
18 19a b	Section B—A (a) Classification of property 3-year property 5-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
19a b	Section B—A (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
19a b c	Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
19a b c	Section B—A (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using the	e General Depr	eciation S	ystem	
19a b c	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using th (d) Recovery period	e General Depr	eciation S	ystem	
19a b c d e f	Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using th (d) Recovery period	e General Depr	eciation S (f) Meth	ystem	
19a b c d e f	Section B— (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property Residential rental	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023	e General Depression (e) Convention	eciation S (f) Meth	ystem	
19a b c d e f g	Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023sset accounts, check Year Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	here e General Depre (e) Convention MM MM	eciation S (f) Meth	ystem	
19a b c d e f g	Section B—A (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 28-year property Residential rental property Nonresidential real	Assets Placed in Se (b) Month and year placed in	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023	e General Depression (e) Convention MM MM MM	eciation S (f) Meth	ystem	
19a b c d e f g	Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	Assets Placed in Se (b) Month and year placed in service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023	MM MM MM MM MM	eciation S (f) Meth	ystem	(g) Depreciation deduction
19a b c d e f g h	Section B— (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As	Assets Placed in Se (b) Month and year placed in service	years beginning before ear into one or more general as vice During 2023 Tax (c) Basis for depreciation (business/investment use	2023	MM MM MM MM MM	s/L S/L S/L S/L S/L S/L S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B— (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As	Assets Placed in Se (b) Month and year placed in service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023sset accounts, check Year Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b	Section B— (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As Class life 12-year	Assets Placed in Se (b) Month and year placed in service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023sset accounts, check Year Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the	MM MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year	Assets Placed in Se (b) Month and year placed in service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023	MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year	Assets Placed in Se (b) Month and year placed in service service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023sset accounts, check Year Using th (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the	MM MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property 25-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Section C—As	Assets Placed in Service (b) Month and year placed in Service ssets Placed in Service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023	MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Listed property. Enter amount fro	Assets Placed in Service (b) Month and year placed in Service ssets Placed in Service ssets Placed in Service	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023	MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Listed property. Enter amount fro Total. Add amounts from line 12,	Assets Placed in Service (b) Month and year placed in Service ssets Placed in Service ssets Placed in Service sstructions.)	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions)	2023	MM MM MM Alternative Dep	S/L	ystem	(g) Depreciation deduction
19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Listed property. Enter amount fro	Assets Placed in Service (b) Month and year placed in Service ssets Placed in Service ssets Placed in Service sstructions.) In line 28 lines 14 through 17, so fyour return. Partners	years beginning before ear into one or more general as rvice During 2023 Tax (c) Basis for depreciation (business/investment use only-see instructions) rice During 2023 Tax Y lines 19 and 20 in columerships and S corporations	2023	MM MM MM Alternative Dep	S/L	ystem nod	(g) Depreciation deduction

46-0588433

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179	o 9Bonus _	Basis for Depr	Per Conv Meth	Prior	Current
3 Mos 4 Mos 5 Mos 6 Mos 7 Mos 8 Mos 9 Ren 10 Ren 11 Ren 12 S&V 13 Bus 14 Bus 15 Wea 16 Wea 17 Wea 18 Wea 19 Barr 20 3 21 Lap 22 Sou 23 5 24 Para 25 Met 26 Trai 27 6 28 Gur 29 Riffe 30 Fire 31 Fire 33 Fire	ssberg - U695124 ssberg - U702258 ssberg - U686035(6) ssberg - U694799 ssberg - U708271 ssberg - U70758 ssberg - U702274 nington - RS00118M mington - RS08973N mington - RS08989N W AR15 - SR76078 hmaster - BFIT011142 shmaster - ARB(z)2048 atherby - AK16661(81) atherby - AK22868 attherby - AK22870 atherby - AK22870 atherby - AK22867 rett - AA003206 GoPro Cameras top nd System IPads achute Containers tal Targets for events iller - Enclosed iPads iPads	3/01/14 3/01/15 5/28/15 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 10,105 2,000 2,189 83,005	2	X X X X X X X X X X X X X X X X X X X	425 425 425 425 425 425 425 635 635 635 688 700 700 469 469 469 469 469 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 1,095 44,748	7 HY 200DB	851 851 851 851 851 851 1,270 1,270 1,270 1,376 1,400 1,400 1,400 1,400 939 939 939 7,045 897 782 2,500 995 12,730 6,798 6,500 3,294 2,855 2,140 1,345 2,725 9,428 1,866 2,042 81,641	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
36 V eh 37 Equ	preciation: achutes nicle nipmet aarms Total Other Depreciation Total ACRS and Other Deprec	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 0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs	222,325 0 0 222,325		25	184,068 0 0 184,068		81,641 0 0 81,641	947 0 0 947

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TX Asset Report Form 990, Page 1

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
Prior	MACRS:							
2	Mossberg - U695124	3/01/14	851	851	851	0	0	0
3	Mossberg - U702258	3/01/14	851	851	851	0	0	0
4	Mossberg - U686035(6)	3/01/14	851	851	851	0	0	0
5 6	Mossberg - U694799 Mossberg - U708271	3/01/14 3/01/14	851 851	851 851	851 851	0	0	$0 \\ 0$
7	Mossberg - U707758	3/01/14	851	851	851	0	0	0
8	Mossberg - U702274	3/01/14	851	851	851	ő	ŏ	ő
9	Remington - RS00118M	3/01/14	1,270	1,270	1,270	0	0	0
10	Remington - RS08973N	3/01/14	1,270	1,270	1,270	0	0	0
11	Remington - RS08989N	3/01/14	1,270	1,270	1,270	0	0	0
12	S&W AR15 - SR76078	3/01/14	1,376	1,376	1,376	0	0	0
13 14	Bushmaster - BFIT011142 Bushmaster - ARB(z)2048	3/01/14 3/01/14	1,400 1,400	1,400 1,400	1,400 1,400	0	$\begin{array}{c} 0 \\ 0 \end{array}$	$0 \\ 0$
15	Weatherby - AK16661(81)	3/01/14	939	939	939	0	0	0
16	Weatherby - AK22868	3/01/14	939	939	939	ŏ	ő	ŏ
17	Weatherby - AK22870	3/01/14	939	939	939	0	0	0
18	Weatherby - AK22867	3/01/14	939	939	939	0	0	0
19	Barrett - AA003206	3/01/14	7,045	7,045	7,045	0	0	0
20	3 - GoPro Cameras	3/01/14	897	897	897	$\begin{array}{c} 0 \\ 0 \end{array}$	0	0
21 22	Laptop Sound System	3/01/14 3/01/14	782 2,500	782 2,500	782 2,500	0	0	$0 \\ 0$
23	5 - IPads	3/01/14	995	995	995	0	0	0
24	Parachute Containers	10/16/15	12,730	12,730	12,730	ŏ	ő	ő
26	Trailer - Enclosed	6/04/15	0	0	0	0	0	0
27	6 - iPads	3/06/15	3,294	3,294	3,294	0	0	0
28	Guns	1/26/16	2,920	2,920	2,790	130	65	-65
29	Rifles	3/17/16	2,189	2,189	2,091	98	49	-49
30 31	Firearms Firearms	1/19/1 7 1/26/1 7	1,442 2,920	1,442 2,920	1,249 2,529	129 261	65 130	-64 -131
32	Firearms	2/08/17	10.105	10,105	8,752	902	451	-451
33	Firearms	3/07/17	2,000		1,732	179	89	-90
34	Firearms	3/17/17	2,189	2,189	1,896	195	98	-97
			69,707	69,707	66,981	1,894	947	-947
				*				,
Other	Depreciation:							
25	Metal Targets for events	7/28/15	0	0	0	0	0	0
35	Parachutes	1/05/17	8,244	8,244	0	0	0	0
36	Vehicle	1/01/17	31,000	31,000	0	0	0	0
37	Equipmet	1/01/17	24,744	24,744	0	0	0	0
38	Firearms	1/01/18	75,332	75,332	0	0	0	0
	Total Other Depreciation	_	139,320	139,320	0	0	0	0
	Total ACRS and Other Depre	eciation	139,320	139,320	0	0	0	0
				s. — — 8		s 3		31
	Grand Totals		209,027	209,027	66,981	1,894	947	-947
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense	72	0	0	0	0	0	0
	Net Grand Totals		209,027	209,027	66,981	1,894	947	-947

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FYE: 12/31/2023

AMT Asset Report Form 990, Page 1

AssetDescription	Date In Service	Cost Bus		Basis r Depr <u>Pe</u> i	rConv Meth	Prior	Current
Prior MACRS: 2 Mossberg - U695124 3 Mossberg - U702258 4 Mossberg - U686035(6) 5 Mossberg - U694799 6 Mossberg - U708271 7 Mossberg - U707758 8 Mossberg - U707274 9 Remington - RS00118M 10 Remington - RS08973N 11 Remington - RS08989N 12 S&W AR15 - SR76078 13 Bushmaster - BFIT011142 14 Bushmaster - ARB(2)2048 15 Weatherby - AK16661(81) 16 Weatherby - AK22868 17 Weatherby - AK22867 18 Weatherby - AK22867 19 Barrett - AA003206 20 3 - GoPro Cameras 21 Laptop 22 Sound System 23 5 - IPads 24 Parachute Containers 25 Metal Targets for events 26 Trailer - Enclosed 27 6 - iPads 28 Guns 29 Rifles 30 Firearms 31 Firearms 32 Firearms 33 Firearms 34 Firearms	3/01/14 3/01/15 3/01/16 1/19/17 1/26/16 3/17/16 1/19/17 1/26/17 2/08/17 3/07/17 3/07/17	851 851 851 851 851 851 851 1,270 1,270 1,270 1,376 1,400 1,400 939 939 939 939 7,045 897 782 2,500 995 12,730 6,798 6,500 3,294 2,920 2,189 1,442 2,920 1,189	X X X X X X X X X X X X X X X X X X X	425 7 425 7 425 7 425 7 425 7 425 7 425 7 425 7 425 7 635 7 635 7 635 7 635 7 636 7 700 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 469 7 1,250 7 497 7 6,365 7 3,399 7 6,500 5 1,647 5 1,460 7 1,095 7 721 7 1,460 7 5,053 7 1,000 7	HY 200DB	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 6,798 6,500 3,294 2,855 2,140 1,345 2,725 9,428 1,866 2,042	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other Depreciation: 35 Parachutes 36 Vehicle 37 Equipmet 38 Firearms Total Other Depreciation Total ACRS and Other Depreciation Grand Totals Less: Dispositions and Transition Net Grand Totals	Depreciation	83,005 8,244 31,000 0 0 39,244 122,249 0 122,249		0 0	Memo Memo HY HY	81,641 0 23,560 0 0 23,560 23,560 105,201 0 105,201	947 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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76350 Halo for Freedom Warrior Foundation

46-0588433

Bonus Depreciation Report Form 990, Page 1

FYE: 12/31/2023

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Тах Sec 1 7 9 Ехр	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	4 69
17	Weatherby - AK22870	3/01/14	939		0	0	470	4 69
18	Weatherby - AK22867	3/01/14	939		0	0	470	4 69
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
	Firearms	1/19/17	1,442		0	0	721	721
31		1/26/17	2,920		0	0	1,460	1,460
	Firearms	2/08/17	10,105		0	0	5,052	5,053
	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
			777.505				20.257	20.240
		Grand Total 👠	76,505		0	0	38,257	38,248

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Future Depreciation Report FYE: 12/31/24

12/09/2024 10:15 AM

Form 990, Page 1 FYE: 12/31/2023

Date In	A A A-
Asset Description Service Cost Tax	AMT
Prior MACRS:	
2 Mossberg - U695124 3/01/14 851	$\begin{matrix} 0 & & 0 \\ 0 & & 0 \end{matrix}$
3 Mossberg - U702258 3/01/14 851 4 Mossberg - U686035(6) 3/01/14 851	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$
5 Mossberg - U694799 3/01/14 851	0 0
6 Mossberg - U708271 3/01/14 851 7 Mossberg - U707758 3/01/14 851	$\begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}$
8 Mossberg - U702274 3/01/14 851	$0 \qquad 0$
9 Remington - RS00118M 3/01/14 1,270	0 0
10 Remington - RS08973N 3/01/14 1,270 11 Remington - RS08989N 3/01/14 1,270	$\begin{pmatrix} 0 & 0 \\ 0 & $
12 S&W ÅR15 - SR76078 3/01/14 1,376	0 0
13 Bushmaster - BFIT011142 3/01/14 1,400	$0 \qquad 0$
14 Bushmaster - ARB(z)2048 3/01/14 1,400 15 Weatherby - AK16661(81) 3/01/14 939	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
16 Weatherby - AK22868 3/01/14 939	0
17 Weatherby - AK22870 3/01/14 939 18 Weatherby - AK22867 3/01/14 939	$\begin{pmatrix} 0 & 0 \\ 0 & 0 \end{pmatrix}$
19 Barrett - AA003206 3/01/14 7,045	0 0
20 3 - GoPro Cameras 3/01/14 897 21 Laptop 3/01/14 782	$\begin{bmatrix} 0 & 0 \\ 0 & 0 \end{bmatrix}$
21 Laptop 3/01/14 782 22 Sound System 3/01/14 2,500	0 0
23 5 - IPads 3/01/14 995	0 0
24 Parachute Containers 10/16/15 12,730 25 Metal Targets for events 7/28/15 6,798	$\begin{matrix} 0 & & 0 \\ 0 & & 0 \end{matrix}$
26 Trailer - Enclosed 6/04/15 6500	0 0
27 6 - iPads 3/06/15 3,294	$0 \qquad 0$
28 Guns 1/26/16 2,920 29 Rifles 3/17/16 2,189	$\begin{matrix} 0 & & 0 \\ 0 & & 0 \end{matrix}$
30 Firearms 1/19/17 1,442 3	32
31 Firearms 1/26/17 2,920 6 32 Firearms 2/08/17 10,105 22	65 65 226
33 Firearms 3/07/17 2,000 4	15 45
	19 49
<u>83,005</u> <u>41</u>	7 417
Other Depreciation:	
35 Parachutes 1/05/17 8,244 36 Vehicle 1/01/17 31,000	$\begin{matrix} 0 & & 0 \\ 0 & & 0 \end{matrix}$
37 Equipmet 1/01/17 24,744	0 0
38 Firearms 1/01/18	00
Total Other Depreciation 139,320	0 0
Total ACRS and Other Depreciation 139,320	00
Grand Totals222,32541	7 417

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Form 990, Page 1 FYE: 12/31/2023

Asset	Description	Date In Service	Cost	тх		
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 31 32 33 34 34 34 34 34 34 34 34 34 34 34 34	Mossberg - U695124 Mossberg - U702258 Mossberg - U686035(6) Mossberg - U694799 Mossberg - U708271 Mossberg - U70758 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 3/01/15 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 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	SP-1	
Other 1	Depreciation:					
35 36 37 38	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	0 0 0 0		
	Total ACRS and Other Depreciation		139,320	0		
	Grand Totals		209,027	832		

Form 990 Event Income and Deduction Worksheet

Description Weekend to Remember

2023

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.		Advertising and promotion	1,590
2. Advertising income 2.		Office	
3. Circulation income 3.		Printing/publication/postage	520
4. Other income 4.		Info technology/Maintenance	
5. Returns and allowances 5.		Royalties & License Fees	
6. Contributions received 6.	176,327	Occupancy/Real Estate Taxes	-
7. Total revenue. Add lines 1 through 6 7.			
		Travel & Repairs Travel/entertainment (officials)	
		Conferences/meetings	
9. Employment Expense 9. 10. Fees for services 10.		Interest	
11. Indirect Expense 11.	25,911	Interest	42
12. Depreciation Expense 12.	23/322	Total Indirect Expense	
	267,816	Total illuliect Expelise	
	201,00	Evenes Bataila Devasiation Evenes	
14. Fundraising Expense 14.	293,727	Expense Details - Depreciation Expense:	
	117,400	On investment property	
16. Net Income/Loss. Line 7 minus Line 1516.	117,400	On non-investment property	
		Amortization	
Formula Batalla Control Conde Colds	•	Depletion	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory			
Purchases	———X	Expense Details - Exempt Activity Expense:	4 020
Labor		Repairs and Maintenance	
Section 263A costs	+	Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	262 006
Expense Details - Employment Expense:		Other expenses	262,886
Compensation of officers		Total Exempt Activity Expense	267,816
Other salaries and wages			
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, Schedu	ile A:	Allocation of Expense to Program Service A	•
Schedule A, UBIT Activity Code Seq #	_	First	
Part V, Debt Financing		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**

33. Number of volunteers

Two Year Comparison Report

2022 & 2023

For calendar year 2023, or tax year beginning

Nar I	^{ne} Halo for Freedom Warrior Foundatio	n			er Identification Number
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	581,278	301,832	-279,446
	2. Membership dues and assessments	2.		, c	
	3. Government contributions and grants	3.		()	
e n	4. Program service revenue	4.			
_	5. Investment income	5.			
>	6. Proceeds from tax exempt bonds	6.			
O.	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	-26,980	-293,727	-266,747
	9. Net income or (loss) from gaming	9.		ll .	
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	17,318	18,846	
	12. Total revenue. Add lines 1 through 11	12.	571,616	26,951	-544,665
	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.			
ō	17. Professional fundraising fees	17.			
×	18. Other professional fees	18.	4,000	4,600	
ш	19. Occupancy, rent, utilities, and maintenance	19.		1,742	
	20. Depreciation and Depletion	20.	1,733	947	
	21. Other expenses	21.	260,386	78,727	
	22. Total expenses. Add lines 13 through 21	22.	266,119	86,016	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	305,497	-59,065	
_	24. Total exempt revenue	24.	571,616	26,951	-544,665
	25. Total unrelated revenue	25.	17 222		
Ę	26. Total excludable revenue	26.	17,318	18,846	
ther In	27. Total assets	27.	528,356	473,731	-54,625
	28. Total liabilities	28.	500 056	482 521	
	29. Retained earnings	29.	528,356	473,731	-54,625
	30. Number of voting members of governing body	30.	11	11	
O	31. Number of independent voting members of governing body	31.	0	0	
	32. Number of employees	32.	0	0	

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33.

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Form 990

Tax Return History

2023

Name

Halo for Freedom Warrior Foundation

Employer Identification Number 46-0588433

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	329,312	161,245	166,642	581,278	301,832	
Membership dues						
Program service revenue	9,175	2,775				
Capital gain or loss						
nvestment income						
undraising revenue (income/loss)	-82,218	-127,841	-92,083	-26,980	-293,727	
Saming revenue (income/loss)						
Other revenue	176	3	15	17,318	18,846	
Total revenue	256,445	36,182	74,574	571,616	26,951	
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	4,600	
Occupancy costs					1,742	
Depreciation and depletion	5,164	3,878	2,587	1,733	947	
Other expenses	237,955	31,641	19,722	260,386	78,727	
Total expenses	256,687	35,519	22,325	266,119	86,016	
Excess or (Deficit)	-242	663	52,249	305,497	-59,065	
	•				•	
otal exempt revenue	256,445	36,182	74,574	571,616	26,951	
Total unrelated revenue						
Total excludable revenue	9,351	2,778	15	17,318	18,846	
Total Assets	171,211	171,317	223,390	528,356	473,731	
Total Liabilities						
Net Fund Balances	171,211	171,317	223,390	528,356	473,731	