PBMARES, LLP 725 JACKSON STREET, SUITE 210 FREDERICKSBURG, VA 22401

> EOD WARRIOR FOUNDATION, INC. 701 E. JOHN SIMS PARKWAY, NO. 305 NICEVILLE, FL 32578

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CLIENT'S COPY



EOD Warrior Foundation, Inc. 701 E. John Sims Parkway No. 305 Niceville, FL 32578

EOD Warrior Foundation, Inc.:

Enclosed is the organization's 2016 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

PBMares, LLP

	_	_	_
	u	U.	
Form	1		U

** PUBLIC DISCLOSURE COPY **

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2016 calendar year, or tax year beginning and	ending		
B c a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	EOD WARRIOR FOUNDATION, INC.			
	Name Chang	e Doing business as		20-8	618412
	Initial return		Room/suite	E Telephone number	
	Final return termir		305		729-2336
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,884,070.
				H(a) Is this a group re	
	Applie tion pendi			for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) ()$	or 🛄 527		list. (see instructions)
		te: WWW.EODWARRIORFOUNDATION.ORG		H(c) Group exemption	
_		forganization: X Corporation Trust Association Other	L Year (of formation: 2007	I State of legal domicile: \mathbf{FL}
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO II	MPROVE	THE QUALIT	A OL TILE
Activities & Governance		FOR THE EOD FAMILY BY PROVIDING EMERGENC			-
/err		Check this box			
g	3	Number of voting members of the governing body (Part VI, line 1a)			<u> 11 10 </u>
ŏ	4				10
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			400
tivi	6	Total number of volunteers (estimate if necessary)			<u> </u>
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
		Contributions and events (Dart) (III line 1b)		Prior Year 1,708,617.	Current Year 1,596,293.
anı	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,757.	79,455.
В	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-119,932.	-38,032.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,642,442.	1,637,716.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		535,062.	802,084.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		314,726.	373,645.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 354, 4	03.	-	-
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		301,067.	552,223.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,150,855.	1,727,952.
	19	Revenue less expenses. Subtract line 18 from line 12		491,587.	-90,236.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,354,669.	4,206,470.
ASS	21	Total liabilities (Part X, line 26)		204,200.	20,142.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		4,150,469.	4,186,328.
		Signature Block		-	
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KENNETH FALKE, CHAIRMA Type or print name and title	N	Date					
Paid	Print/Type preparer's name MIKE KENNISON	Preparer's signature MIKE KENNISON	Date Check X PTIN 11/16/17 self-employed P01034564					
Preparer	Firm's name PBMARES , LLP		Firm's EIN 54-0737372					
Use Only	Firm's address 725 JACKSON STRE	ET, SUITE 210						
	FREDERICKSBURG, VA 22401 Phone no.540-371-3566							
May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-1	332001 11-11-16LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2016)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) EOD WARRIOR FOUNDATION, INC.	20-8618412 _P
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE FOR THE EOD FAMILY BY B	DAUTDING
	EMERGENCY FINANCIAL RELIEF, SCHOLARSHIP OPPORTUNITIES,	
	SOCIAL AND EMOTIONAL SUPPORT.	, INIDICAL,
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🛛
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes 🛛
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or revenue, if any, for each program service reported.	others, the total expenses, and
42	(Code:) (Expenses \$794,104. including grants of \$401,445.) (Ref	evenue \$ 4,23
та	THE EOD WARRIOR FOUNDATION PROVIDES FINANCIAL ASSISTAN	NCE TO EOD
	WARRIORS AND FAMILIES TO HELP ALLEVIATE THE FINANCIAL	
		FANCE SUPPORTS
	WOUNDED EOD WARRIOR FAMILIES, AND THE FAMILIES OF FALI	
	THESE AWARDS PROVIDE FINANCIAL ASSISTANCE FOR EXPENSES	
	COSTS, CHILDCARE, ADAPTIVE EQUIPMENT, AND DEBT RELIEF.	,
4b	(Code:) (Expenses \$ 202,217. including grants of \$ 202,217.) (Re	evenue \$
	THE EOD WARRIOR FOUNDATION AWARDS EDUCATION SCHOLARSHI	IPS TO EOD FAMII
	MEMBERS, WITH PRIORITY GIVEN TO FAMILY MEMBERS OF FALI	
	EOD WARRIORS. THE SCHOLARSHIPS ARE INTENDED TO ASSIST	
		DLARSHIP FUNDS A
	AWARDED COMPETITIVELY TO ELIGIBLE STUDENTS, BASED ON M	
	CATEGORIES THAT INCLUDE ACADEMIC ACHIEVEMENT, COMMUNIT	LY INVOLVEMENT,
	LETTERS OF RECOMMENDATION, AND ESSAYS.	
4c	(Code:) (Expenses \$ 198,423. including grants of \$ 198,423.) (Reference of \$ 198,423.) (Reference of \$ 198,423.)	evenue \$
	THE FOUNDATION SEEKS TO PROVIDE COMFORT, SUPPORT, AND	ASSISTANCE FOR
	FAMILIES OF WOUNDED AND FALLEN EOD WARRIORS; AND TO CO	
	SUPPORT SYSTEMS AND OTHER FAMILIES TO LET THEM KNOW TH	
	THE FOUNDATION STAFF REACHES OUT TO FAMILIES TO PROVID	
	SUPPORT, ORGANIZES THERAPEUTIC HEALING RETREATS FOR WA	-
	CARGIVERS, GOLD STAR FAMILY MEMBERS, COUPLES, AND FAMI	-
	THEM CONNECTED TO THE EOD COMMUNITY. TYPES OF OUR SUB	
	RESOURCES INCLUDE: CONNECTIONS TO FELLOW WARRIORS FOR	
	MENTORING, VISITS AND SUSTAINED OUTREACH AND CONTACT V	-
	MORALE EVENTS THAT INCLUDE, RETREATS DINNERS AND VARIO	
	ACTIVITIES, CONNECT WARRIORS TO RESOURCES AND SUPPORT	
4 -1	PREPAREDNESS ASSISTANCE, HOMEOWNERSHIP EDUCATION, COUN	ISELING AND
4d	Other program services (Describe in Schedule O.) (Expenses \$ 39,129. including grants of \$) (Revenue \$)
10)
4e	Total program service expenses 1,233,873.	Form 990
3200	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION	
_00		/
81	116 758849 F8291-301 2016.05000 EOD WARRIOR FOUNDA	TION, INC. F8291

Form 990 (2016)

EOD WARRIOR FOUNDATION, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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,			
	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," 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 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	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,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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		x

Form **990** (2016)

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FOUL	990	(2010)	

EOD WARRIOR FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
la la	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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? If "Yes," complete			
	Schodula I. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
20	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 related organization?	0		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00	_	

Form **990** (2016)

632004 11-11-16

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Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O continus a response or note to any line in the Part V Yes Ia Enter the number or ported in Box 3 of Form 1008. Enter -0: fin ot applicable 1a 10 Ib Enter the number or ported within State within the applicable payments to vendon and reportable gamming (genthing) within or within the year covered by this returns? 2a 10 If the state one is prote within State within State within State wetthin State wetthin State wetthin State wetthin State wetthin State wetthin State applicable payments to vendon and reportable gamming (genthing) within or within the year cover do the state endoned on the 2a, do the organization file of the organization file organization file organization file and 2a is greater than State organization in Schedule O 3a X If Tex_*: has the a sem of the foring organization file organization file and as a state accurd, security applicable and accounts or the authority over, a financial acceleration that foring contributions that and counts account a solitate account or authority over, a signature or other authority over, a state accurd, security applicable account or abolitate accounts (FBAP). 5a X See instructions for till approximation file from 88677 5b X 5b X If Yes_*: To line Sa or Sb, ddi the organization file from 88671 5a X 5b X If Yes_*: ddi the organization file from 88	Form	990 (2016) EOD WARRIOR FOUNDATION, INC. 20-8618	412	P	age 5
Ia Enter the number of Forms W-20 included in line 1a. Enter 0. If not applicable 1a 10 Ib Enter the number of Forms W-20 included in line 1a. Enter 0. If not applicable 1b 10 ID The first the number of Forms W-20 included in line 1a. Enter 0. If not applicable 1b 0 ID The first the number of Forms W-20 included in line 1a. Enter 0. If not applicable 1c X ID The first the number of applicable sequences the sequences of the sequenc					
1a Enter the number opticable 1a 10 b Enter the number of orms W30 holdade in the last Enter 4-in not applicable 10 10 2 Enter the number of orms W30 holdade in the last Enter 4-in not applicable 10 10 2 Enter the number of orns/w30 molecular in the interpolation payments to vendors and reportable gaming (gambing) winnings to praz winnes? 2b X 3 Enter the number of orns/w30 molecular interpolation payments to vendors and reportable gaming (gambing) winnings to 2, di the organization file all required deforal employment tax returns? 2b X Note, If the sim of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 3a X 4 A any time the frame of the ring occurry. 3b 4 14 "Yss," has if field a free dire occurry. 5c 3b X 5 D di en organization have entropies outry. 5c 5c 5c 6 D di en organization have an intrave or is a park bit of tax sheer transaction at any time during the calcular expression at any time during the tax year? 5c 5c 6 D di en organization have entropies outry. 5c 5c 5c 5c 5c 5c<		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W30 included in line 1a. Enter 0. If not applicable Image: Comparison complexity withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Image: Comparison complexity is backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Image: Comparison complexity is return complexity is return complexity is return complexity is return complexity in the cale of the organization have an effect of the organization have an interest in , or a signature or other adhorty over, a financial account is a foreign control (% Not is in dis complexity in complexity is return). Image: Complexity is complexity is complexity is return complexity is complexity is complexity in the calendary part of the organization have an interest in , or a signature or other adhorty over, a financial account is foreign country (%). Image: Complexity is complexity. Image: Complexity is complexity is complexity is complexity is complexity is complexity is complexity. 3a Did the organization for foreign part is a bank account, securities account, or other financial accounts (FIRAN). Sa X 3b Did any taxable party northy flow is a bank account. Image: Complexity is complexity is complexity is complexity is complexity is complexity. Sa X 3c X Did any taxable party northy flow is a bank account. Sa X 3b Did any taxable				Yes	No
b Enert the number of Porres W2G included in line 1a. Enter 0-11 not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Comparison of the second	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
c Dot the organization comply with backup withholding ules for reportable gamyenet to vendors and reportable gaming ic X 2a Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the state on is reported on the 2a, did the expanzion file all required federal employment tax statemes? 2b X 3a Dat the organization have unsel, did the organization file all required federal employment tax statemes? 2b X bit 7%=, "has it filed a Form 90-T for this yar? /f Wo, 't fole 30, provide an explanation in Schedule O 3a X bit 7%=, "neat the name of the origen country (such as a bank account, securities account)? 4a X bit 7%=, "neat the name of the origen country (such as a bank account, securities account)? 5a X bit 7%=, "neat the name of the origen country (such as a bank account, securities account)? 5a X bit 6 any taxable party notify the organization have the advisor the origen caunts? 5a X bit 7%=, "no line 5a, did the organization file 70m 866/7 5a X bit 7%=, "no line 5a, bit 4m compatibility of the xale of the organization and and the organization and and the organization and and the organization file 70m 5a X bit 7%=, "no line 6a, did the organization file 70m 866/7 6a X bit 7%=, "no lin	-				
gambling: winnings to prize winnes? 1c X 2a Enter the number of employees reported on from W3. Transmittal of Wage and Tax Statements. 1.0 10 b if at least one is reported on line 2.a, id the organization fiel all required bedral employment tax returns? 2a X 3a Dot the organization have unsetted business gross income of \$1.000 or more during the year? 3a X 3b Diff the scalendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a toring or outry (such as a bank account, securities account, or other financial account)? 4a X b if 'Yes,' inder the name of the foreign country. 5a 5a X 5a was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization include with every solicitation at any time during the tax year? 5a X 5a Was the organization have annual gross recoipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as a barhafelac contributions or gifts 5a X 6a X If 'Yes,' id the organization include with wery solicitation an express statement that such contributinon quartication for Born B380 are quarticat	с				
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 10 b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b X 3a Dot the organization have undelated business gross income of 51,000 or more during the year? 3a X 3b If Yes, 'has if field a form 990 T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3a X b If Yes, 'has if field a form 990 T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3a X b If Yes, 'has if field a form 990 T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3a X b If Yes, 'has if field a form 990 T for this year? If No, 'to ine 3b, provide an explanation in Schedule O 3a X b If Yes, 'has if their d foreign country is calculated an their transaction at any time during the tax year? 5a X See instructions for ling requirements for FinCEN Form 114, Report of Foreign Eantware into state Sch did the organization include with every solicitation an approximation approximation approximation approximation approximation approximation approximation that was origo a proximation and the schere transaction? 5a X b If Yes, 'indicate the unganization file forem 8800 T for the value of the goal schere schere sor			1c	Х	
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effe (see instructions) 3a X 3a Did the organization have unvelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it field a Form 980°T for this year? If "No," to line 30, provide an explanation in Schedule O 3a X 3a If "Yes," has it field a Form 980°T for this year? If "No," to line 30, provide an explanation in Schedule O 3a X 3b If "Yes," has it field a Form 980°T for this year? If "No," to line 30, provide an explanation in Schedule O 3a X 3b If "Yes," enter the name of the foreign country. If See instructions for filling requirements for Filling Form 680°T 7 So X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions at were not tax deductible form 880°T 7 So X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 10 Uf the organization notify the dore of the value of the ogods or services provided T 7b To 7b Organization selve exchange, or otherwise dispose of tangible personal property for which it was required <	b		2b	Х	
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Form 990 ((2016)
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632005 11-11-16

EOD WARRIOR FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body, at the end of the tax year 1a 11 1f there are matrial differences in voting rights among members of the governing body, of the governing body, of the governing body, or if the governing body. The tax is the end of the tax year 1a 11 2 Did weights for the second to committee or similar committee, explain in Scholue 0. 10 10 2 Did weights for the second to committee or similar committee, explain in Scholue 0. 10 10 2 Did weights for the organization begate control over management duties customarily performed by or under the direct supervision of officers, directors, or taxes, or key employees to a management company or other person? 3 3 Did the organization baceme aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have emethes or sock-holders? 6 7 7 Did the organization have members, stockholders? 7 7 8 Did the organization have members or sockholders? 7 7 9 b range and patient for the governing body? 8a X 9 b the organization have members of the governing body? 8a X 9 b the organization have members of the governing body? 8a	<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			
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 b Other officers or key employees of the organization	а		15a	Х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a ection C. Disclosure 16b 7 List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , CA , CT , FL , GA , IL , KS , KY , ME 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Ohne (explain in Schedule O) 9 Describe in 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ xtate the name, address, and telephone number of the person who possesses the organization's books and records: ▶ xtate the name, address, and telephone number of the person who possesses the organization's books and records: ▶ xtate the name, address, and telephone numbe			15b		T
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 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 9 Describe in 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► KENNETH FALKE - 540-554-4550 33735 SNICKERSVILLE TPKE STE 201, BLUEMONT, VA 20135 see SCHEDULE O FOR FULL LIST OF STATES Form 990 (17		.KY	, ME	
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0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► KENNETH FALKE - 540-554-4550 33735 SNICKERSVILLE TPKE STE 201, BLUEMONT, VA 20135 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES 6	19		u iirian	udi	
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33735 SNICKERSVILLE TPKE STE 201, BLUEMONT, VA 201352006 11-11-16SEE SCHEDULE O FOR FULL LIST OF STATES6	20				
2006 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (6					
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	32006	-	Form	990	(2
	• -				

Part VII	Compensation of Officers,	Directors, T	Frustees, Ke	ey Employees,	Highest	Compensated
	Employees, and Independe	nt Contract	tors			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KENNETH FALKE CHAIRMAN	5.00	x		x				0.	0.	0.
(2) NICOLE MOTSEK	40.00								••	0.
EXECUTIVE DIRECTOR	40.00	x		x				95,000.	0.	2,850.
(3) JANE GINGRICH	5.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FINANCIAL ADVISOR		x		x				0.	0.	0.
(4) ADAM POPP	5.00	<u> </u>								
DIRECTOR		x						0.	0.	0.
(5) BOB BUSBY	5.00									
TREASURER		x		X				0.	0.	0.
(6) ROD SIMMONS	5.00									
CHIEF COUNSEL		X						0.	0.	0.
(7) ROB SEHNERT	5.00									
DIRECTOR		Х						0.	0.	0.
(8) PAUL PLEMMONS	5.00									_
DIRECTOR		Х						0.	0.	0.
(9) CHRISTY KAZAKAVAGE	5.00									
DIRECTOR		Х						0.	0.	0.
(10) KELLIE PERRY	5.00									0
DIRECTOR	– – – – –	X						0.	0.	0.
(11) GREG MITTELMAN	5.00	.,								0
DIRECTOR		X						0.	0.	0.
632007 11-11-16										Form 990 (2016)

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632007 11-11-16

Form **990** (2016)

		RIOR FOUL				<u> </u>				20-8	618	412	P	age 8
Par	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per	(do	not c	(C Pos heck	C) ition		one	Compensated Employe (D) Reportable compensation	es (continued) (E) Reportable compensatic			(F) stimate	
		week (list any hours for related organizations below line)	tee or director			lirecto	Highest compensated sintly.	tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	t s	com fr org and	other pensa rom th anizat d relat anizati	ation e ion ied
			-											
			$\left \right $											
1b	Sub-total		1			<u> </u>			95,000.		0.		2,8	50.
	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A							0. 95,000.		0.		2,8	0. 50.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportab	le		Yes	0
3	Did the organization list any former office line 1a? If "Yes." complete Schedule J for				-	•	•		highest compensated e			3	res	No X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		x
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," cc					-			-			5		х
1	ction B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for										npens	ation	from	
	(A) Name and busine			ONI		VILLI			(B) Description of s		С) Compe		n
								_						
								_						
								_						
2	Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2016)

632008 11-11-16

				OUNDATIO	N,INC.		20-8618	412 Page 9
Pa	rt VI							
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	204,138.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		262 684				
fts,		Fundraising events		363,674.				
, Git		Related organizations						
Sin		Government grants (contribut						
her	Ť	All other contributions, gifts, gran similar amounts not included abo		028,481.				
l Otl	a	Noncash contributions included in lines	, 12-1f: €	68,244.				
Cor	-	Total. Add lines 1a-1f			1,596,293.			
_				Business Code	· ·			
e	2 a							
Program Service Revenue	b							
n Se	с							
Jev	d							
rog	е							
<u>а</u>		All other program service reve						
		Total. Add lines 2a-2f						
	3	other similar amounts)			79,455.			79,455.
	4	Income from investment of ta			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	5	Royalties			654.			654.
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	(/						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	~	and sales expenses Gain or (loss)						
		Net gain or (loss)						
an		Gross income from fundraisin	g events (not					
Other Revenue		including \$ 363,6 contributions reported on line	574. of					
Re		Part IV, line 18		198,902.				
the	b	Less: direct expenses	u b	241,824.				
0	с	Net income or (loss) from fund	draising events	►	-42,922.			-42,922.
		Gross income from gaming ad						
		Part IV, line 19		ļ				
		Less: direct expenses						
		Net income or (loss) from gam	-	🕨				
	10 a	Gross sales of inventory, less		8,766.				
	Ŀ	and allowances Less: cost of goods sold						
		Net income or (loss) from sale			4,236.	4,236.		
	C	Miscellaneous Revenu		Business Code	1,250.	1,2000		
	11 a							
	b							
	с							
	d	All other revenue						
	е						-	
	12	Total revenue. See instructions.		►	1,637,716.	4,236.	0.	••• / =•••
63200	9 11-1	1-16						Form 990 (2016)

9

Part IX Statement of Functional Expenses

EOD WARRIOR FOUNDATION, INC.

	Check if Schedule O contains a respons				/= 1
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,815.	4,815.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	797,269.	797,269.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,850.	61,646.	11,742.	24,462
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,572.	206,842.	8,437.	31,293
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,990.	1,904.	35.	51
9	Other employee benefits			1 (2)	
0	Payroll taxes	27,233.	21,242.	1,634.	4,357
1	Fees for services (non-employees):				
а	Management	600		<u> </u>	
b		690.		690.	
	Accounting	15,000.		15,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	15,025.		15,025.	
f	Investment management fees	15,025.		13,023.	
g	column (A) amount, list line 11g expenses on Sch 0.)	86,763.	20,718.	40,568.	25,47
2	Advertising and promotion	223,954.	28,614.	7,604.	187,73
3	Office expenses	223,554.	20,014.	7,004.	107,75
4 5	Information technology				
5 6	Royalties	29,462.	22,995.	1,723.	4 74
6 7		78,049.	2,987.	17,719.	<u>4,74</u> 57,34
7 8	Travel Payments of travel or entertainment expenses	10,045.	2,507.	1,,11,0	57,51
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	365.		365.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	12,248.	9,560.	716.	1,97
3	Insurance	24,637.	16,152.	5,153.	1,972 3,332
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMORIAL CEREMONY	30,473.	30,473.		
b	DONOR DATABASE	22,131.		11,065.	11,060
С	MEMORIAL WALL CARE	8,656.	8,656.		~ ==
d	REGISTRATION FEES	4,770.		2,200.	2,57
	All other expenses		1 000 000	120 676	254 40
5	Total functional expenses. Add lines 1 through 24e	1,727,952.	1,233,873.	139,676.	354,403
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

632010 11-11-16

Check here

22181116 758849 F8291-301

______ if following SOP 98-2 (ASC 958-720)

10 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

Form **990** (2016)

11 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2 22181116 758849 F8291-301

Form 990 (2016)		EOD	WARRIOR	FOUNDATION	, INC
Part X	Bal	ance Sheet				

Fai	L X	Dalalice Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			425,716.	1	375,936.
	2	Savings and temporary cash investments			78,668.	2	88.
	3	Pledges and grants receivable, net			71,790.	3	68,326.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			26,544.	8	0.
	9				234,991.	9	66,911.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	66,121. 47,933.			
	b	Less: accumulated depreciation	10b	47,933.	30,436.	10c	18,188.
	11	Investments - publicly traded securities			3,486,524.	11	3,677,021.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			4,354,669.	16	4,206,470.
	17	Accounts payable and accrued expenses			204,200.	17	20,142.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and o	disqualified persons.			
iab		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			004 000	25	00.140
	26	Total liabilities. Add lines 17 through 25			204,200.	26	20,142.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔽 and			
sec		complete lines 27 through 29, and lines 33 ar			4 071 170		4 112 002
and	27	Unrestricted net assets			4,071,179. 79,290.	27	4,113,002.
Bal	28	Temporarily restricted net assets			79,290.	28	73,326.
pu	29					29	
J.		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶∟			
s ol		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1 150 160	32	1 106 220
-	33	Total net assets or fund balances			4,150,469.	33	4,186,328.
	34	Total liabilities and net assets/fund balances			4,354,669.	34	4,206,470.

Form 990 (2016)

Form	990 (2016) EOD WARRIOR FOUNDATION, INC.	20-8	618412	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,637		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,727		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,150		
5	Net unrealized gains (losses) on investments	5	126	5,0	95.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	4,186	5,3	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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			x	
	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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

632012 11-11-16

22181116 758849 F8291-301 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

SCHEDULE A

(Form	990	or	990-	·ΕΖ
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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.

	_	-
Open to	Pu	blic
Inspec	ctic	on

OMB No. 1545-0047

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16

Department of the Treasury Internal Revenue Service

	►	Information about Schedule A	Form 990 or 990-EZ) and its ins	structions is at www.irs.gov/form990.
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Name of the organization	
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Nam	ne of	the organization							identification number
				UNDATION, INC					0-8618412
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
Гhe	orga	nization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
	_	_lines 12a through 12d that	describes the type o	of supporting organizatio	n and corr	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int			-		-	d an attent	iveness
	_	requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				
f		ter the number of supported of							
g	Pro	ovide the following information (i) Name of supported	about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the oroa	nization listed	(v) Amount of	monoton	(vi) Amount of other
		organization		(described on lines 1-10		nization listed ng document?	support (see ir	-	support (see instructions)
				above (see instructions))	Yes	No			
Fota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

Schedule A (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC. Part II

20-8618412 Page 2

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: constraint of the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge 947,318. 1,554,988. 1,371,014. 1,708,617. 1,596,293. 7,178,230. 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) Image: column of the text of the amount shown on line 11, column (f) Image: column of text or text of text or te	See	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 947, 318. 1, 554, 988. 1, 371, 014. 1, 708, 617. 1, 556, 293. 7, 178, 230. 2 Tax revenues levied for the organization ication's benefit and dither paid to or expended on its behalf 947, 318. 1, 554, 988. 1, 371, 014. 1, 708, 617. 1, 556, 293. 7, 178, 230. 3 The value of services or facilities furnished by a governmental unit to the organization without charge by each person (other than a governmental unit or publicly supported organization) included on line 1 thaceceds 2% of the answer strength in the paid in the paid in the answer strength in the paid in the paid in the paid on line 1 thaceceds 2% of the answer strength in the paid in the paid in the paid in the answer strength in the paid in the paid in the answer strength in the paid in the paid in the paid in the answer strength in the paid in the paid in the paid in the answer strength in the paid in the paid in the paid in the answer strength in the paid in the paid in the paid in the answer strength in the paid	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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Schedule A (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	ıdar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
	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							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ec	tion B. Total Support				-			
alen	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly corried on							
2	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	the execution i	first second the	d fourth and the t		E01/-)(2) or roor !-	ation
	First five years. If the Form 990 is for	-			•		ກເວງ organiz	.auon, ▶ □
	check this box and stop here	c Sunnort Po	rcentage					
ier.	tion C. Commutation of Dubli		Jonage	oolump (f)		15		%
Sec	tion C. Computation of Public		ivided by line 10			1 13 1		
ec 5	Public support percentage for 2016 (li	ne 8, column (f) d				40		
ec 5 6	Public support percentage for 2016 (li Public support percentage from 2015	ne 8, column (f) d Schedule A, Part	III, line 15			16		%
ec 5 6 ec	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Inves	ne 8, column (f) d Schedule A, Part stment Incom	III, line 15 e Percentage					
ec 5 6 ec 7	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Inves Investment income percentage for 20	ne 8, column (f) d <u>Schedule A, Part</u> stment Incom 16 (line 10c, colur	III, line 15 e Percentage nn (f) divided by li	ne 13, column (f))		17		%
5 6 6 7 8	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) d <u>Schedule A, Part</u> stment Incom 16 (line 10c, colur 2015 Schedule A,	III, line 15 e Percentage nn (f) divided by li Part III, line 17	ne 13, column (f))		17 18		9/ 9/
Sec 15 16 Sec 17 18	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the	ne 8, column (f) d Schedule A, Part Stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r	III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than	17 18 33 1/3%		% % 7 is not
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b b b b b b b b	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	ne 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r	III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or	ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a	e 15 is more than s supported organiz a, and line 16 is m	17 18 33 1/3% ation	33 1/3%, a	% 7 is not
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iec 15 16 iec 17 18 19a b 20	Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	ne 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r ck this box and s	III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or top here. The organization	ne 13, column (f)) on line 14, and line lifies as a publicly s n line 14 or line 19a anization qualifies	e 15 is more than a supported organiz a, and line 16 is m as a publicly supp nis box and see in	17 18 33 1/3% ation ore than ported or struction	33 1/3%, a rganization ns	% % 7 is not

Schedule A (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** 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.)

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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16

Schedule A (Form 990 or 990 EZ) 2016 EOD WARRIOR FOUNDATION, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations	TIC		
000			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		165	NU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	L 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 government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) 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? 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		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
	17			

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Schedule A (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC.

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	ranization (see

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

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

22181116 758849 F8291-301

Schedule A (Form 990 or 990 EZ) 2016 EOD WARRIOR FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Saati	on E. Distribution Allocations (cos instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	on E - Distribution Allocations (see instructions)		PTe-2010	
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>	F			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Part VI	(Form 990 or 990-EZ) 2016 EOD W Supplemental Information.				20-8618412 Pat III line 12:
urtvr	Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part	4b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lir	;, 11a, 11b, and 11c; I nes 1c, 2a, 2b, 3a, and	Part IV, Section B, lines 1 d 3b; Part V, line 1; Part V,	and 2; Part IV, Section C Section B, line 1e; Part \
	(See instructions.)	v, Section E, illies 2, 5,	, and o. Also complete		ai intornation.
	-			<u> </u>	A (Form 990 or 990-EZ
2028 09-21-1	6			Schedule	A (Form 990) or 990-E7

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

20-8618412

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

Name of the organization

EOD	WARRIOR	FOUNDATION, INC.
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

i age

Employer identification number

EOD WARRIOR FOUNDATION, INC.

20-8618412

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>1</u>		\$\$\$	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2 _		\$37,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
 		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio 990, 990-EZ, or 990-PF

20 - 8618412

EOD WARRIOR FOUNDATION, INC.

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

22181116 758849 F8291-301

2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

Page 3

Name of orga	nization			Employer identification number
EOD WAI	RRIOR FOUNDATION, INC.			20-8618412
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the follo sus, charitable, etc., contributions of \$1,000 or	wing line entry. For organization	(10) that total more than \$1,000 for
(-) N -	Use duplicate copies of Part III if additio	nal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
- _ _		(e) Transfer of gif	 t	
-	Transferee's name, address, a			nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(a)			
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
[-				
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4		nsferor to transferee
-	······, ·····, ·			
623454 10-18-1	6	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2016

22181116 758849 F8291-301 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

SCHEDULE D	Supplem
(Form 990)	Complete if t Part IV, line 6, 7, 8

I

ental Financial Statements

the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. e D (Form 990) and its instructions is at www.irs of



Internal Name

Department of the Treasury

Interna	al Revenue S	ervice Information about Schedule D (For	m 990) and its instructions is at www.irs.	gov/torm9	90.	nspectio	
Nam	e of the o	organization EOD WARRIOR FOUNDA	TION, INC.	Em	iployerident 20-8	ification 6184∶	
Pa	rt I (Drganizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts.Comp	lete if the	;
	c	rganization answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Fu	nds and othe	er accour	nts
1	Total nu	mber at end of year					
2	Aggrega	te value of contributions to (during year)					
3	Aggrega	te value of grants from (during year)					
4	Aggrega	ite value at end of year					
5	Did the	organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds			
	are the o	organization's property, subject to the organization's	exclusive legal control?			Yes	🗌 No
6	Did the	organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only			
	for chari	table purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring			
						Yes	No
Pa	rtli (Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7	7.		
1	Purpose	e(s) of conservation easements held by the organizati	on (check all th <u>at a</u> pply).				
	Pr	eservation of land for public use (e.g., recreation or e	ducation)	ically impo	rtant land ar	ea	
	Pr	otection of natural habitat	Preservation of a certifi	ed historic	structure		
	Pr	eservation of open space					
2	Comple	te lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a co <u>nser</u> v	ation easem	ent on th	ie last
	day of th	ne tax year.			Held at the	End of the	Tax Yea
а	Total nu	mber of conservation easements		2a			
b	Total ac	reage restricted by conservation easements		2b			
с	Number	of conservation easements on a certified historic structure	ucture included in (a)	2c			
d	Number	of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	e			
	listed in	the National Register		2d			
3	Number	of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	n during the	tax	
	year 🕨						
4	Number	of states where property subject to conservation eas	sement is located				
5	Does the	e organization have a written policy regarding the per	iodic monitoring, inspection, handling of		_		
		s, and enforcement of the conservation easements it				Yes	No No
6	Staff an	d volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ea	sements dur	ing the ye	ear
	▶						
7	Amount	of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easeme	ents during th	ne year	
	▶\$						
8	Does ea	ch conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)			
	and sec	tion 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part >	(III, describe how the organization reports conservation	on easements in its revenue and expense s	statement,	and balance	sheet, a	nd
	include,	if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	ne organiza	ation's accou	nting for	
_		ation easements.					
Pa		Organizations Maintaining Collections of		ner Simi	lar Assets	5.	
		Complete if the organization answered "Yes" on Form					
1a	If the or	ganization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and ba	lance sheet v	works of	art,
	historica	al treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of publi	c service, pro	ovide, in I	Part XIII,
	the text	of the footnote to its financial statements that descri	bes these items.				
b	If the or	ganization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balanc	e sheet work	s of art,	historica

	•	· ·		<i>,</i> , , , , , , , , , , , , , , , , , ,				-	
trea	asures, or other simila	r assets held for p	ublic exhibition, edu	ucation, or re	search in furtherance c	of public servio	ce, p	rovide the following amount	S
rela	ting to these items:								
(i)	Revenue included or	n Form 990, Part V	III, line 1				• \$	S	
(ii)	Assets included in Fe	orm 990, Part X					• \$		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 🕒 🕈	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

Schedule D (Form 990) 2016

2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

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Sche		RIOR FOUND		-				20-86			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, checl	k any of the	following that	at are a s	significant u	use of its	collectio	n item	S
а	Public exhibition	d		l oan or exc	hange progra	ams					
b	Scholarly research	e									
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	nev further t	he organizati	ion's exe	empt purpa	se in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran								line 9, oi	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contributior	ns or other as	sets not	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	0								_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liabi	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete				1			<u> </u>			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur		 	a oolump (
2	Board designated or quasi-endowment		%	g, column (a	a)) neiù as.						
	Permanent endowment	%	70								
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation the	at are held a	and administe	ared for t	he organiz	ation			
ou	by:						ine organiz	acion	I	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the								·		
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	. ,	ccumulate preciation	d	(d) Boo	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			6	6,121.		47,93	33.	1	8,1	88.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				1	8,1	88.
								<u></u>	D (E	0001	0040

Schedule D (Form 990) 2016

632052 08-29-16

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

632053 08-29-16

27

	edule D (Form 990) 2016 EOD WARKIOR FOUNDATION, INC				0010412 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	1,683,796.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	126,095.		
b	Donated services and use of facilities	2b	2,953.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	129,048.
3	Subtract line 2e from line 1			3	1,554,748.
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	82,968.		
с	Add lines 4a and 4b			4c	82,968.
_				5	1,637,716.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	rt XII Reconciliation of Expenses per Audited Financial Statem			Retu	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wit	h Expenses per	Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wit	h Expenses per	Betu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wit	h Expenses per		irn.
P a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ients Wit	h Expenses per		irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per		irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per		irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per		ırn.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per		rn. 1,647,937. 2,953.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 2,953.	1	ırn.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 2,953.	1 2e	rn. 1,647,937. 2,953.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per 2,953.	1 2e	rn. 1,647,937. 2,953.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	h Expenses per 2,953.	1 2e	rn. 1,647,937. 2,953. 1,644,984.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per 2,953. 82,968.	1 2e	rn. 1,647,937. 2,953. 1,644,984. 82,968.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per 2,953. 82,968.	1 2e 3	rn. 1,647,937. 2,953. 1,644,984.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

INTERNAL REVENUE CODE 501(C)(3) AND HAS BEEN DETERMINED NOT TO BE A

PRIVATE FOUNDATION UNDER CODE SECTION 509(A).

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF CURRENT GUIDANCE. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE FOUNDATION'S INCOME TAX RETURNS FOR THE YEARS 2013 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

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FUNDRAISING EXPENSE	82,968.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	82,968.
	Schedule D (Form 990) 201
632055 08-29-16 29	
L81116 758849 F8291-301 2016.05000 EOD WARRI	OR FOUNDATION, INC. F8291-G2

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016 EOD WARRIOR FOUNDATION, INC.

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ental Information Regarding ne organization answered "Yes" on organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 5,000) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the orm990.	OMB No. 1545-0047
Name of the organization	RIOR FOUNDATION, IN					Employer id	entification number
Part I Fundraising Activities	Complete if the organization answe		es" o	n Form 990, Part IV,	line 1		
 required to complete this paint is required to complete this paint is required to complete this paint is required to complete this paint is paint is paint in the required to complete this paint is paint in the requirement of the requirement is paint in the requirement of the requirement o	ised funds through any of the followin e Solicita s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees ?	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organizati or licensing.	on is registered or licensed to solicit		Dutions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or	990-1	EZ.	Schee	dule G (Form	990 or 990-EZ) 2016

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22181116 758849 F8291-301 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

Schedule G (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 000 E7 lin nd 6h. List events with **.** . . .

		of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			UNDEFEATED	EOD MEMORIAL	NONE	(add col. (a) through
			BIKE RIDE	WEEKEND		col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	232,299.	285,759.		518,058
:	2	Less: Contributions	215,559.	148,115.		363,674
:	3	Gross income (line 1 minus line 2)	16,740.	137,644.		154,384
	4	Cash prizes				
	5	Noncash prizes				
2 2 2 2 2 2	6	Rent/facility costs				
	7	Food and beverages	1,099.	83,461.		84,560
	8	Entertainment				
	9	Other direct expenses	59,955.	111,138.		171,093
1	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	255,653
		Net income summary. Subtract line 10 from				-101,269
ar	tl	3	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	İ	(L) Dull tobe (instant		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
				biligo/progressive biligo		
		2				
	1	Gross revenue				
	2	Cash prizes				
	_					
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
Ť	<u> </u>		Yes %	Yes %	Yes %	
-	6	Volunteer labor		□ No	No	
.	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	_					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		►	
	- +	er the state(s) in which the organization cond	usto comina ostivitios:			
		he organization licensed to conduct gaming a		etatos?		Yes N
	le t					
a l		No " explain:				
a l		No," explain:				
a l		No," explain:				
al bl	f "	No," explain: re any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax y	/ear?	Yes N
a b - Da \	lf "I We				/ear?	Yes N
a b - Da \	lf "I We	re any of the organization's gaming licenses r			/ear?	Yes N
a b - Da \	lf "I We	re any of the organization's gaming licenses r			/ear?	Yes No
a b -)a \ b -	lf "I We If "`	re any of the organization's gaming licenses r				Yes N

31

22181116 758849 F8291-301 2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 EOD WARRIOR FOUNDATION, INC.	<u>20 – 8</u>	618412	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	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 amoun	nt		
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
~	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lir	nes 9 9h 1	0b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	100 0, 00, 1	00, 100,
6320	83 09-12-16 Schedule G	(Form	1 990 or 990)-EZ) 2016
1 0 -	32	T 37 /	а <u>п</u> оо	01 00

22181116 758849 F8291-301

^{2016.05000} EOD WARRIOR FOUNDATION, INC. F8291-G2

	(continued)
	Schedule G (Form 990 or 990-EZ
2084 01-16	33
81116 758849 F8291-301	2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO Comple	rants and Oth vernments, an ete if the organizatio on about Schedule I	nd Individua n answered "Yes" Attach to For	ls in the Un i ' on Form 990, Pa m 990.	ted States	0.	OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organization	דססגעז הר	OR FOUNDA	TON THO					Employer identification number $20-8618412$
Part I General Information			IION, INC.					20-0010412
 Does the organization ma criteria used to award the Describe in Part IV the or 	e grants or assis	stance?		· · · · · · · · · · · · · · · · · · ·				
						anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that receind that receind that receind that receind a solution of a solution	organization	65,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of sec Enter total number of oth LHA For Paperwork Reduct 	er organizations	s listed in the line ⁻	I table	ne line 1 table				Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) EOD WARRIOR FOUNDATION, INC.

20-8618412

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS FOR MEDICAL EXPENSES FOR INJURIES AND					
TRAVEL EXPENSES FOR FAMILY MEMBERS OF INJURED.	3	9,000.	0.		
ADDITIONAL ASSISTANCE FOR SPECIFIC NEEDS RELEVANT					
TO THE INJURY AND REHABILITATION.	300	586,052.	0.		
SCHOLARSHIPS	111	202,217.	0.		
Dert IV Supplemental Information Dravida the information re-					

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

FORM 990, SCHEDULE I, PART 1, QUESTION 2

THE GRANTS AND ASSISTANCE COMMITTEE EVALUATES AND APPROVES GRANT

APPLICATIONS PRIOR TO GRANT FUNDS BEING DISBURSED.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

омв No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of the	organization
-------------	--------------

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	EOD WARRIOR .	FOUNDA	TION, INC.		20-8	6184	4 I Z	
Pa	t I Types of Property				•			
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	0	68,244.	FMV			
26	Other ()							
27	Other ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.		i	-former to the true	ti0			v
31	Does the organization have a gift acceptance p		•	•	itions?	31		X
32a	Does the organization hire or use third parties of							x
	contributions?					32a		Λ
	If "Yes," describe in Part II.				alvad			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a) is che	скеа,			

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

Schedule M (Form 990) (2016)

632141 08-23-16

2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

22181116 758849 F8291-301

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 08-23-16		Schedule M (Form 990) (
	37	
81116 758849 F8291-301	2016.05000 EOD WARRIOR FO	UNDATION, INC. F8291-

SCHEDULE O (Form 990 or 990-EZ)

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

EOD WARRIOR FOUNDATION, INC.

DATION, INC. 20-8618412

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOLARSHIP OPPORTUNITIES, PHYSICAL, SOCIAL AND EMOTIONAL SUPPORT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE EOD WARRIOR FOUNDATION IS DEDICATED TO HONORING THE LEGACY OF OUR

FALLEN EOD WARRIORS BY PROVIDING FOR THE MAINTENANCE AND CARE OF THE

EOD MEMORIAL AT EGLIN AIR FORCE BASE IN FLORIDA. THE EOD MEMORIAL

HONORS EOD WARRIORS WHO GAVE THEIR LIVES WHILE CARRYING OUT AN EOD

MISSION. NAMES ON THE MEMORIAL DATE BACK TO THE FORMATION OF THE EOD

SPECIALTY, IN WORLD WAR II.

EXPENSES \$ 39,129. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD MEMBERS REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED AND DISCUSSED AT BOARD

MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

PRESIDENT ROUTINELY CONDUCTS SALARY SURVEYS TO DETERMINE AND APPROVE

REASONABLENESS OF COMPENSATION FOR TOP MANAGEMENT AND KEY EMPLOYEES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

38

22181116 758849 F8291-301

2016.05000 EOD WARRIOR FOUNDATION, INC. F8291-G2

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization EOD WARRIOR FOUNDATION, INC.	Employer identification number 20-8618412
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MA, MI, MN, MS, NH, NJ, NM, NY,	NC,OH,OK,OR,PA,RI
SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

39

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					anter mer sidentnynig namber	
Type or	Name of exempt organization or other filer, see instru	ganization or other filer, see instructions.		Employe	mployer identification number (EIN) or	
print	EOD WARRIOR FOUNDATION, INC.			20-8618412		
File by the due date for				Social se	cial security number (SSN)	
filing your return. See	701 E. JOHN SIMS PARKWAY, NO. 305					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NICEVILLE, FL 32578					
Enter the Return Code for the return that this application is for (file a separate application for each return)						01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) KENNETH FALKE		06	Form 8870			12
 If the operation of the second seco	hone No. \blacktriangleright $540-554-4550$ organization does not have an office or place of busines is for a Group Return, enter the organization's four digit \Box . If it is for part of the group, check this box \blacktriangleright rquest an automatic 6-month extension of time until the organization named above. The extension is for the \underline{X} calendar year 2016 or	Group Exe and atta	emption Number (GEN) I uch a list with the names and EINs o MBER 15, 2017 , to file	f this is fo f all memb	r the whole g	ision is for.
	tax year beginning	, an	d ending			
2 If ti	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period					
3a Ifti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_
nor	nrefundable credits. See instructions.			3a	\$	0.
b lfti	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					_
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
c Ba	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					-
by using EFTPS (Electronic Federal Tax Payment System).			ctions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	l (direct de	bit) with this Form 8868, see Form 8	453-EO ai		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8	868 (Rev. 1-2017)

Enter filer's identifying number