Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Form 990 (2017)

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018 Check if applicable: C Name of organization D Employer identification number Address WARRIOR CANINE CONNECTION, INC. Name 45-2981579 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 14934 SCHAEFFER ROAD (301)260-1111 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,285,765. Amended BOYDS, MD 20841 H(a) Is this a group return Applica-F Name and address of principal officer: RICK YOUNT for subordinates? Yes X No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) 527 If "No," attach a list. (see instructions) J Website: ► WWW.WARRIORCANINECONNECTION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2011 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT RECOVERING COMBAT Activities & Governance VETERANS & THEIR FAMILIES UTILIZING SERVICE DOG TRAINING & Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 15 5 6 Total number of volunteers (estimate if necessary) 780 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7,620. 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,590,299. Revenue 2,678,019. 9 Program service revenue (Part VIII, line 2g) 718,137. 588,727. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 208. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,796. 9,441. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,311,232. 3,276,395. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,049,443. 2,267,849. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 403,718. 615,480. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,453,161. 2,883,329. Revenue less expenses. Subtract line 18 from line 12 858,071. 393,066. 0 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 4,654,424. 5,008,924. 21 Total liabilities (Part X, line 26) 131,176. 92,610. Net assets or fund balances. Subtract line 21 from line 20 4,523,248. 4,916,314. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign RICK YOUNT, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN FRANK H. SMITH Paid 04/22/19 self-employed P00639053 Preparer Firm's name MARCUM LLP Firm's EIN 11-1986323 Use Only Firm's address 1899 L STREET, NW WASHINGTON, DC 20036 Phone no. (202) 227-4000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

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	In the comparisation of a state of the state		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		OWE SW	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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	bid 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
	Part VI	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	IIa		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		21
	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	110		- 41
	Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
f	bid the organization's separate or consolidated financial statements for the tax year include a footpote that addresses	116		_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		22	-
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-22	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is particular.	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule F	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	bid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	i-fa		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	bid the diganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Δ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
	To and oa? If "Yes," complete Schedule G, Part II	40		v
19	and digarization report more than \$15,000 of gross income from gaming activities on Part VIII line 922 it ilvo il	18		X
	complete Schedule G. Part III	10		х
		19	200 %	-

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 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 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2017) WARRIOR CANINE CONNECTION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	The second in Device of Ferrit 1999; Effect of It not applicable	1a	8		100	140
b		1b	0	200		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10		
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	х	
b		0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organ	nization solicit	- 00		
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	aifts	- Oa		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		***************************************	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices or	ovided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			111
	to file Form 8282?			7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d		10		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C2	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
1000	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
D	cross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b				
ıza L	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
מ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers					
d	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Trace of the instructions for additional information the organization must report on Schedule O				7	
D	Enter the amount of reserves the organization is required to maintain by the states in which the					
•	organization is licensed to issue qualified health plans	13b				
-	Enter the amount of reserves on hand	13c				
1000	and digarization receive any payments for indoor fanning services during the tay years			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			0
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-ra		22
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		22
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	- No Dates
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU	- 21	
	organization's mailing address? If "Yes." provide the names and addresses in Schodulo O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	-	21
	politica by the internal nevertue Code.)		Vac	Ma
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 1
	and branches to ensure their operations are consistent with the organization's assessment	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	21	
12a	Did the organization have a written application in the	100	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	Λ	
	in Schedule O how this was done	10-	х	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written decrease whether	13	Λ	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	45		v
b	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		Λ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	40		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-3.8	
	exempt status with respect to such arrangements?			
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CO, CT, FL, GA, HI, IL	TZCI	TZTZ	1/7
18	social of the requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section For (secti	, KS,	KY,	MA
	Paging inspection, indicate now you made these available. Check all that apply	ailable		
	Another's website X Upon request Other (/			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		5/4	
	and the devaluable to the public during the tax year.	financi	al	
20	State the name, address, and telephone number of the person who possesses the graphical back to be a local to the person who possesses the graphical back to the person who person to the person who person to the person who person to the			
	14934 SCHAEFFER ROAD, BOYDS, MD 20841			

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SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2017) COPY

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

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

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.

Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	c) sition more		one n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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)		compensation from the organization and related organizations
(1) JULIE WALTERS	1.00									
PRESIDENT (2) EARL O. STRIMPLE, DVM	1.00	X		X				0.	0.	0
VICE PRESIDENT	1.00									
(3) LAWRENCE V. MCBEAN	1 00	X		X		-		0.	0.	0
TREASURER	1.00	x		37						
(4) C. MADISON BRICK BREWER	1.00	Δ		X				0.	0.	0
SECRETARY	1.00	X		X				0		
(5) TORA M. FISHER BUCKWORTH	1.00	27		Δ				0.	0.	0
DIRECTOR	2.00	X						0.	0	
(6) KYLE D. RICHARDS, PH.D	1.00					all the second		0.	0.	0
DIRECTOR		X						0.	0.	0
(7) ROBERT ROSENBAUM, MD	1.00			Auto-b				0.	0.	0.
DIRECTOR		x						0.	0.	0
(8) MICHAEL L. SUBIN	1.00							0.	0.	0
DIRECTOR		X						0.	0.	0
(9) RICK YOUNT	40.00								0.	
EXECUTIVE DIRECTOR		X		X				125,502.	0.	7,763
(10) JENNIFER WILDER	20.80				-1/1/1					1,103
DIRECTOR OF DEVELOPMENT				X			-	97,970.	0.	2,758.
		- 20								

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	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Posit heck mass persid a dir	tion	than o	one an	mpensated Employee (D) Reportable compensation from	(E) Reportable compensation from relate	on d	a	(F) stimat mount other	t of r
		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)	organizatior (W-2/1099-MI		orç ar	npensa rom th ganiza ad rela anizat	ne ition ited
												210		
c	Sub-total Total from continuation sheets to Par Total (add lines 1b and 1c)	t VII, Section A					. 1		223,472. 0. 223,472.		0.		0,5	0.
2	Total number of individuals (including be compensation from the organization	at not limited to the	ose	listed	abo	ove)	who	rec	eived more than \$100,0	000 of reportable	9		0,5	21
3	Did the organization list any former office	cer, director, or tru	stee	key	/ emr	olov	000	or hi	abast compananted am	mlaura au	1		Yes	No
4	Ine 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	or such individual sum of reportable		mne	neati		and	otho	r componenties from the			3		х
5	and related organizations greater than \$	150,000? If "Yes."	cor	nple	te Sc	chec	dule	J for	such individual			4		Х
	rendered to the organization? If "Yes." of	or accide compens	sauc	лтис	mi ai	IIV L	ımrei	ateo	organization or individ	ial for convicae		-		v
												5		X
1	Complete this table for your five highest the organization. Report compensation	compensated indefor the calendar ve	eper ar ei	nden	t con	ntrac	ctors	tha	t received more than \$	100,000 of comp	ensat	ion fro	om	
	(A) Name and busine			NE					(B) Description of se		C	(Compe	c) nsatio	n
2	Total number of independent contractors \$100,000 of compensation from the orga	(including but not	lim	ited	to the	ose 0	liste	ed ab	pove) who received mor	re than				

15050422 150872 WCCI

		Check if Schedule O contains	a response or note to any I	ine in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats of	1 :	Federated campaigns	1a				012 014
ara i	1	Membership dues					
S, C	(Fundraising events					
E L	(d Related organizations	No. 2000				
ns,	•	Government grants (contributions					
o itio	1	All other contributions, gifts, grants, a					
ig c		similar amounts not included above					
Contributions, Gifts, Grants		Noncash contributions included in lines 1a-1f:					
0 1	-	Total. Add lines 1a-1f	The second secon				
4	٠,	CONTRACT REVENUE	Business Cod 900099		E00 707		
Vice	-			588,727.	588,727.		
Ser							
E							
Program Service							
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		588,727.			
	3	Investment income (including divid	dends, interest, and				
		other similar amounts)		208.			208.
	4	Income from investment of tax-exe	empt bond proceeds				
	5	Royalties	>				
	2-34		(i) Real (ii) Personal				
	6 a						
	b	Less: rental expenses					
	C	Rental income or (loss)					
	7 -	Net rental income or (loss)					
	7 6	Gross amount from sales of assets other than inventory	Securities (ii) Other				
	h	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)		Accordance in the second			
•	8 a	Gross income from fundraising even	ents (not				
nue		including \$	The state of the s				
eve		contributions reported on line 1c).					
Other Revenue		Part IV, line 18	a				
Ę.	b	Less: direct expenses	b				
		Net income or (loss) from fundraisi					
	9 a	Gross income from gaming activitie	es. See				
		Part IV, line 19	a				
		Less: direct expenses	b				
	10.0	the contract of the contract o					
	io a	Gross sales of inventory, less retur	ns 16 000				
	h	and allowances	a 16,990. b 9,370.				
	c	Net income or (loss) from sales of i	D 3,370.	7 620			
		Miscellaneous Revenue	Business Code	7,620.		7,620.	
	11 a	OTHER	900099	1,010.	The Property lies	BM SKEETING	1 010
	b	REIMBURSEMENTS	900099	811.			1,010.
	С			011.			811.
	d	All other revenue					
	е	Total. Add lines 11a-11d		1,821.			
	12	Total revenue. See instructions.		3,276,395.	588,727.	7,620.	2,029.

Sec	Check if Schedule O contains a respons		this Part IX		
	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				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				and the same of th
•	trustees, and key employees	247,911.	136,351.	63 014	10 516
6	Compensation not included above, to disqualified	247,511.	130,331.	63,014.	48,546
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,783,511.	1,543,295.	170,221.	69,995
8	Pension plan accruals and contributions (include		_,,_,	10,2210	03,333
	section 401(k) and 403(b) employer contributions)	20,761.	18,116.	2,082.	563
9	Other employee benefits	13,601.	13,478.	72.	51
10	Payroll taxes	202,065.	167,385.	23,025.	11,655
11	Fees for services (non-employees):		The second secon		
a	Management				
b		10,000.	9,733.	267.	
C		31,168.	8,910.	22,258.	
d	J 5				
е			Marie Museum Marie		
f	Investment management fees				
g	(5 mile 20,	0 -04			
	column (A) amount, list line 11g expenses on Sch 0.)	9,531.	9,531.		
3	Advertising and promotion	F1 1F0	22.222		
4	Office expenses	51,172.	28,222.	9,062.	13,888
5	Information technology Boyalties	22,832.	19,864.	1,598.	1,370
6	Royalties Occupancy	94,466.	96 300	4 044	
7	Travel	84,475.	86,380.	4,944.	3,142
8	Payments of travel or entertainment expenses	04,473.	67,265.	666.	16,544
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	69,021.	65,570.	1,726.	1,725.
3	Insurance	14,840.	11,838.	2,375.	627
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 ().)			_,,,,,	027
a	DOG BREEDING & TRAINING	180,272.	180,272.		
b	DUES & SUBSCRIPTIONS	33,241.	25,590.	3,488.	1 162
C	TRAINING & DEVELOPMENT	9,211.	8,534.	677.	4,163.
d	EDUCATION & OUTREACH	5,251.	5,159.	011.	92.
е	All other expenses		-,2001		32.
5	Total functional expenses. Add lines 1 through 24e	2,883,329.	2,405,493.	305,475.	172,361.
6	Joint costs. Complete this line only if the organization			20072731	112,JUI.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

Form **990** (2017)

		Check if Schedule O contains a response or note to		(A)		(B)
-				Beginning of year		End of year
	1	Cash - non-interest-bearing		2,202,281.	1	2,232,920
	2	Savings and temporary cash investments		10,196.	2	
	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net		633,414.	4	627,244
	5	Loans and other receivables from current and former	officers, directors,		Ditter to	
		trustees, key employees, and highest compensated e	employees. Complete			
		Part II of Schedule L			5	
1	6	Loans and other receivables from other disqualified p	ersons (as defined under			
		section 4958(f)(1)), persons described in section 4958	B(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 5	01(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Com	plete Part II of Sch L		6	
Hasels	7	Notes and loans receivable, net			7	
ž ;	8	Inventories for sale or use		4,975.	8	12,969
1	9	Prepaid expenses and deferred charges		14,459.	9	12,062
10	0a	Land, buildings, and equipment: cost or other			3	12,002
		basis. Complete Part VI of Schedule D10a	2.298.176.			
	b	Less: accumulated depreciation 10th	175,167.	1,786,599.	100	2,123,009
11	1	Investments - publicly traded securities		1,100,333.	1386.20	2,123,009
12	2	Investments - other securities. See Part IV, line 11		2,500.	11	0
13	3	Investments - program-related. See Part IV, line 11		2,300.	12	U
14	4	Intangible assets		13		
15	5	Other assets. See Part IV, line 11		0.	14	700
16	6	Total assets. Add lines 1 through 15 (must equal line	341	4,654,424.	15	720 F 000 024
17	7	Accounts payable and accrued expenses	86,305.	16	5,008,924	
18	8	Grants payable		00,303.	17	33,812
19	9	Deferred revenue		18		
20	0	Tax-exempt bond liabilities			19	
2	1	Escrow or custodial account liability. Complete Part I	/ of Calandula D		20	
000	2	Loans and other payables to current and former office	or Schedule D		21	
22	10/10	key employees, highest compensated employees, and	diagnalified servers			
		Complete Part II of Schedule L	dusqualified persons.			
23	3	Secured mortgages and notes payable to unrelated the	dual as a set to see		22	
24	4	Unsecured notes and loans payable to unrelated third	nird parties		23	
25	5	Other liabilities (including federal income tax, payable	parties		24	
	5.	parties, and other liabilities not included on lines 17-24	s to related third			
		Cohodula D	All the second s	44 054		
26		Total liabilities Add Essa 47 th and as	William Committee Committe	44,871.	25	58,798
		Organizations that follow SFAS 117 (ASC 958), che	alahan N 🔻	131,176.	26	92,610
		complete lines 27 through 29, and lines 33 and 34.	ck here X and			
27	7	Unrestricted net assets		2 000 505		
28	3	Unrestricted net assets		3,839,595.	27	3,980,557
29)	Temporarily restricted net assets Permanently restricted net assets		683,653.	28	935,757
					29	
27 28 29 30 31 32		Organizations that do not follow SFAS 117 (ASC 95 and complete lines 30 through 34.	8), check here			
30	, ;	Capital stock or trust principal as				
31		Capital stock or trust principal, or current funds	······		30	
32	, ,	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
33	- 1	Retained earnings, endowment, accumulated income,	or other funds		32	
34		Total net assets or fund balances		4,523,248.	33	4,916,314.
104		Total liabilities and net assets/fund balances		4,654,424.	34	5,008,924

	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)		3,27	6 3	0.5
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3		3	2,88	3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,52		
5	Net unrealized gains (losses) on investments	5	4,54	J , Z	40.
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,	9			0.
	column (B))	10	4,91	6 2	11
Pa	rt XIII Financial Statements and Reporting	10	4,31	0,3	14.
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	`	- 100		
2a	Were the organization's financial statements compiled or ravioused by an independent of		0-		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of		2a		Δ
	separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements and the statements are statements and the statements and the statements are statements are statements and the statements are statements are statements and the statements are statements are statements are statements and the statements are statements are statements are statements are statements and the statements are statements are statements are statements and the statements are statem		Ol	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasia	2b	Λ	
	consolidated basis, or both:	basis,			
	X Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	audit,		v	Make
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched		2c	X	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ule O.			
	Act and OMB Circular A-133?	ie Audit			v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		3a		X
	Of Audits, explain why in Schedule O and describe any stone to the service of the				
	- active, explain why in deheddle of and describe any steps taken to undergo such audits			gan	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WARRIOR CANTHE CONNECTION

Employer identification number

Part I Reason for Publi	c Charity Status	(All organizations must c	omplete t	his part \ S	See instructions	45-29815/9
The organization is not a private for	indation because it is	(For lines 1 through 10	book only	ins part.	bee instructions.	
1 A church, convention of	churches or associa	tion of abundance describe	neck only	one box.		
2 A school described in se	churches, or associa	tion of churches described	in secti	ion 170(b)	(1)(A)(i).	
3 A hospital or a cooperat	ection 170(b)(1)(A)(ii)	. (Attach Schedule E (Form	n 990 or 9	990-EZ).)		
4 A medical research orga	ive nospital service of	rganization described in s	ection 17	'0(b)(1)(A)	(iii).	
city, and state:		conjunction with a hospita				
5 An organization operate	d for the benefit of a	college or university owner	d or opera	ited by a d	overnmental unit describ	ned in
section 170(b)(1)(A)(iv)	. (Complete Part II.)					
6 A federal, state, or local	government or gover	nmental unit described in	section 1	170(b)(1)(A	l)(v).	
7 X An organization that nor	mally receives a subs	tantial part of its support f	rom a gov	/ernmenta	l unit or from the general	public described in
section 170(b)(1)(A)(vi).						
8 A community trust descr	ribed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9 An agricultural research	organization describe	ed in section 170(b)(1)(A)	ix) operat	ted in conj	iunction with a land-gran	t college
or university or a non-lan university:	id-grant college of agi	riculture (see instructions).	Enter the	name, cit	y, and state of the colleg	e or
10 An organization that nor	mally receives: (1) mo	ore than 33 1/3% of its sup	port from	contribution	ons membership fees a	nd gross receipts from
activities related to its ex	empt functions - sub	ject to certain exceptions,	and (2) no	more tha	in 33 1/3% of its support	from gross investment
income and unrelated bu	usiness taxable incom	ne (less section 511 tax) fro	om busine	eses acon	ired by the organization	ofter lune 20, 1075
See section 509(a)(2). (0	Complete Part III.)	· · · · · · · · · · · · · · · · · · ·		oooo aoqo	mod by the organization	arter June 30, 1975.
		usively to test for public sa	fety See	section 5	(00(a)(4)	
12 An organization organize	ed and operated exclu	usively for the benefit of, to	perform	the function	one of or to carry out the	nurnoses of one
more publicly supported	organizations describ	ped in section 509(a)(1)	rsection	509(2)(2)	See section 500(a)(3)	Charlette have in
lines 12a through 12d th	at describes the type	of supporting organization	and com	nlete lines	120 12f and 12g	Check the box in
a Type I. A supporting o	rganization operated.	supervised, or controlled	hy ite eun	ported or	s 126, 121, and 129.	40.4
the supported organiza	ation(s) the power to	regularly appoint or elect a	majoritu	of the dire	ganization(s), typically by	giving
organization. You mus	t complete Part IV	Sections A and B	majority	or the dire	ctors or trustees of the s	upporting
		ed or controlled in connect	ion with the			
control or managemen	t of the supporting or	ganization vested in the e	ion with ii	is support	ed organization(s), by ha	ving
organization(s). You m	ust complete Part IV	ganization vested in the sa	ame perso	ons that co	ontrol or manage the sup	ported
c Type III functionally in	tegrated A support	ing ergonization areas to				
its supported organizat	tion(s) (see instruction	ing organization operated	in connec	tion with,	and functionally integrate	ed with,
d Type III non-functions	ally integrated A sur	ns). You must complete I	Part IV, Se	ections A,	D, and E.	
that is not functionally	intograted. The array	oporting organization oper	ated in co	nnection v	with its supported organi	zation(s)
requirement (see instru	otions) Variable	nization generally must sat	sty a disti	ribution re	quirement and an attenti	veness
e Check this box if the or	rappization received	omplete Part IV, Sections	A and D,	, and Part	V.	
functionally integrated	gariization received a	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
f Enter the number of supported	or Type III non-functi	onally integrated supporting	ng organiz	ation.		
g Provide the following informati	(ii) EIN	ted organization(s). (iii) Type of organization	(it/) In the nea	anization listed	- SHEEDESQUEECOOL	
organization	(ii) Cirv	(described on lines 1-10	in your govern	ing document?	(v) Amount of monetary	(vi) Amount of other
		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						
Total						
LHA For Paperwork Reduction Act	Notice, see the Inst	ructions for Form 990 or	990-EZ.	732021 10-	06-17 Schedule A (For	m 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 WARRIOR CANINE CONNECTION, INC. 45-2981

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(-) 0017	(0 T-1-1
	Gifts, grants, contributions, and		(8) 2011	(6) 2013	(a) 2016	(e) 2017	(f) Total
	membership fees received. (Do not			N. 182 72			
	include any "unusual grants.")	2279373.	1540395.	2565655.	1590299.	2678019	10653741.
2	Tax revenues levied for the organ-				2030233.	2070015.	10033741.
	ization's benefit and either paid to			1000			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2279373.	1540395.	2565655.	1590299.	2679010	10653741.
5	The portion of total contributions			2303033.	1330233.	2070019.	10055/41.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						8 2 5 7 7 7
	amount shown on line 11,						
	column (f)						072 070
6	Public support. Subtract line 5 from line 4.						973,272.
Sec	ction B. Total Support						9680469.
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	/ N 0010		
	Amounts from line 4	2279373.	1540395.	2565655.	(d) 2016 1590299.	(e) 2017	(f) Total 10653741.
	Gross income from interest,		2010000	2303033.	1330233.	20/0019.	10653/41.
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	36.	46.	26.	0.	200	216
9	Net income from unrelated business		10.	20.	0.	208.	316.
	activities, whether or not the						
	business is regularly carried on					071	0.71
10	Other income. Do not include gain					971.	971.
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,989.	1,627.			1 010	
11	Total support. Add lines 7 through 10		2/02/8			1,010.	6,626.
	Gross receipts from related activities,	etc. (see instruction	ne)				10661654.
13	First five years. If the Form 990 is for	the organization's	first second third	I fourth or fifth to		12 2	,727,714.
	Uludilization, check this hoy and eten	have		i, ioditii, or iiitii tax	year as a section	501(c)(3)	
Sec		ouppoit i cit	ciitage				>
14	Public support percentage for 2017 (lin	ne 6, column (f) div	ided by line 11 co	lumn (fl)		44	00 00
15	Public support percentage from 2016	Schedule A. Part II	l. line 14	, airii (i))		14	90.80 %
	oc mon support test - 2017. If the o	rdanization did not	check the hoy on	line 12 and line 1	1 :- 20 1/00/	15	89.44 %
	stop here. The organization qualifies a 33 1/3% support test - 2016. If the or	as a publicly suppo	rted organization	ino ro, and ine r	4 15 33 1/3% OF MC	ore, check this box	and
	and stop here. The organization qualif	les as a publicly su	upported organizat	ion			
		LO III II II II U II U II U II	uuzauon olo not er	Jeck a hoy on line	12 160 or 16h -	- d I' d d ! doo!	
	and it and organization meets the lact	s-and-circumstance	es" test check this	how and atom be	Transfer to D		
	indicate and circumstances to	est, the organization	on qualifies as a ni	iblichy cumported a	rooningtion		
	and offices test	ZUIO. II trie orga	nization did not ch	leck a hoy on line	12 160 16h au 1	7	
	and it the organization meets the	acts-and-circum	istances" test, che	ck this how and a	ton have Evaleia	- D VIII	U% or
	acts and circu	mistances test. If	ne organization gu	alifice as a publish	recommendate to the second	AND THE PROPERTY OF THE PROPER	
18	Private foundation. If the organization	did not check a be	ox on line 13, 16a	16b. 17a or 17h	check this base	Zation	
				20, 114, 01 170,	C-L-	u see instructions	

Schedule A (Form 990 or 990-EZ) 2017 WARRIOR CANINE CONNECTION, 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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						(7)
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		The second second				
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(-) 0045	4 11 0040		
9 Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
14 First five years. If the Form 900 is for the	he organization!	first see at the	1 6 11 22			
14 First five years. If the Form 990 is for to check this box and stop here			ι, τourth, or fifth ta	x year as a sectio	n 501(c)(3) organiza	tion,
	Cappoit i Ci	centage				
Public support percentage for 2017 (line	e 8, column (f) di	vided by line 13, co	olumn (f))	***************************************	15	9
6 Public support percentage from 2016 Section D. Computation of Investr	chedule A, Part	III, line 15			16	9
7 Investment income percentage for 204	7/5- 40	Percentage				
7 Investment income percentage for 201	(line 10c, colun				17	Q
20	schedule A,	Part III, line 17			18	Ç
9a 33 1/3% support tests - 2017. If the or	rganization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and	stop here. The	organization quality	fies as a publicly en	unported organize	tion	
b 33 1/3% support tests - 2016. If the or	rganization did n	ot check a box on	line 14 or line 19a	and line 16 is me	ro than 00 1 /00/	
into 10 is not more trial 33 1/3%, check	this box and ste	op here. The organ	nization qualifies as	a publichy guppa	stad avec-iti	
Private foundation. If the organization	aid not check a l	oox on line 14, 19a	, or 19b, check this	s box and see ins	tructions	

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

- 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 disqualified 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.
- 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.)

Yes	No
	(ELVE)
	200
18	
	Yes

COPY

Pa	Supporting Organizations (continued)			<u></u>
920-821			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Post in	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
_ 0	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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	ction 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		163	INO
	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			
100	the supported organization(s).	1		
Sec	ction 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		103	140
	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 year (see instructions).	1		
а	The organization satisfied the Activities Test, Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 halous			
С	Ine organization supported a governmental entity. Describe in Part VI how you supported a government artist to	tructions)		
2	The rest (a) and (b) below.	luctions).		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	IVO
	the supported organization(s) to which the organization was responsive? If "Vos " then in Part VI identify			
	triose 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			
	trial triese activities constituted substantially all of its activities.	2a		P
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
	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 those			
	activities but for the organization's involvement.	OL.	15.5	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
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	0-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of such	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	0,		
700005	10-06-17	3b		

Sec	other Type III non-functionally integrated supporting organizations must co	ompiete Sec	(A) Prior Year	(B) Current Yea (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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			CHICAGO AND
	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		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)			
2	Enter 85% of line 1	1		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
4	Enter greater of line 2 or line 3	3		
5	Income tax imposed in prior year	4		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
	emergency temporary reduction (see instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	WARRIOR	CANINE	CONNECTION,	INC.	45-2981579	Page 7
Part V	Type III Non-Function	onally Integra	ated 509(a)	(3) Supporting Or	ganizations	(continued)	rage /
0 0				., ., .,	,	(Continued)	

Sec	tion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted to perform activity that directly furthers exempted to the control of the co			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	The state of the s		
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.		A STATE OF THE STA	
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A STATE OF THE STA	
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		Cart - Control of the	
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:		and the second s	
9.75	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			
				Management of the Control of the Con

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Information Provide the evidential required to Part VI Supplemental Provide the evidential required to Part VI Supplemental Provide the Part VI Supplemental Provide the Part VI Supplemental Provide the Part VI Supplemental Provide to Part VI Supplemental Provide the Part VI Supplemental Provide to Part VI Supple
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2013 AMOUNT: \$ 3,989.
2014 AMOUNT: \$ 1,627.
2015 AMOUNT: \$ 0.
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 1,010.
PART II, SHORT YEAR EXPLANATION:
THE PUBLIC SUPPORT YEAR FOR 2016 REPRESENTS THE SHORT YEAR BEGINNING IN
JANUARY 1, 2017 AND ENDING ON JUNE 30, 2017 DUE TO A CHANGE OF
ACCOUNTING PERIOD.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

0	WARRIOR CANINE CONNECTION, INC.	45-2981579
Organization type (che	ck 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 foundat	tion
	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	
Note: Only a section 50° General Rule	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	ns totaling \$5,000 or more (in money or ntributor's total contributions.
Special Rules		
any one contrib	tition described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the EZ, line 1. Complete Parts I and II.	13 16a or 16h and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.	red from any one contributor, during the r, or educational purposes, or for
is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received one exclusively for religious, charitable, etc., purposes, but no such contributions to the refer the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization be able, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box y religious, charitable, etc.,
Caution: An organization but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Scheon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	dula D. (Farra 200 con Fr

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) (2017)

Name of organization

Employer identification number

WARRIOR	CANINE	CONNECTION,	INC.
---------	--------	-------------	------

45-2981579

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for
3452 11-01-1	7	Cohedula D./F	noncash contributions.)

Name of organization

Employer identification number

MADDIOD	CARTESTE	COMMITTON	
MAKKIUK	CANTINE	CONNECTION.	INC:

45-2981579

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 11-01-1	77	\$Schadula B (Form	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WARRIOR CANINE CONNECTION, INC.

45-2981579

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DOG MEDICAL SUPPLIES		
5			
		\$\$	01/24/18
(a) No.		(0)	
from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	bescription of noticasti property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
raiti		(See insudetions.)	
		\$	-
(a) No.	(b)	(c)	
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	2000 ipuon of noncash property given	(See instructions.)	Date received
_			
2		\$	
(a) No.	n.s.	(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
153 11-01-17		\$, 990-EZ, or 990-PF) (2

is clusively religious, charitable, etc., con le year from any one contributor. Complete purpleting Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	45-2981579 section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations as for the year. (Enter this info. once.) \$
(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	
Transferee's name, address, a		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	Relationship of transferor to transferee	
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

	e of the organization WARRIOR CANINE CONN	VECTION	, INC			mployer identification number 45-2981579
Pa	t I Organizations Maintaining Donor Advised	Funds o	r Other S	imilar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.				Complete ii aid
		(a) D	Donor advise	d funds	(b) F	unds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)				1000	
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that th	he assets he	ld in donor advis	ed funds	
	are the organization's property, subject to the organization's e	exclusive lea	al control?	a in donor davio	ou luliuo	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in wr	iting that gr	ant funds can be	used only	les No
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				SPECIEL STORES	Yes No
Pa	t II Conservation Easements. Complete if the org	anization an	swered "Ye	s" on Form 990, F	Part IV. line	7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all	that apply).			
	Preservation of land for public use (e.g., recreation or ed	ducation)		servation of a hist	orically imp	ortant land area
	Protection of natural habitat			servation of a cert		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	ed conserva	tion contrib	ution in the form	of a conser	vation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				28	
b	Total acreage restricted by conservation easements				21	
C	Number of conservation easements on a certified historic stru-	cture include	ed in (a)		20	
d	Number of conservation easements included in (c) acquired at	fter 7/25/06,	and not on	a historic structu	re	
	listed in the National Register				20	
3	Number of conservation easements modified, transferred, rele	ased, exting	guished, or t	erminated by the	organizatio	on during the tax
	year >					
4	Number of states where property subject to conservation ease	ement is loca	ated 🕨 _			
5	Does the organization have a written policy regarding the period	odic monitor	ring, inspect	ion, handling of		
	violations, and enforcement of the conservation easements it I					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of v	iolations, ar	d enforcing cons	ervation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violation	ons, and en	forcing conservat	ion easeme	ents during the year
	Ψ					
8	Does each conservation easement reported on line 2(d) above	satisfy the r	requirement	s of section 170(h	n)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?					Yes No
9	in art xiii, describe now the organization reports conservation	n easements	s in its rever	ue and expense s	statement	and balance sheet, and
	include, if applicable, the text of the footnote to the organization conservation easements.	on's financia	l statement	that describes t	he organiza	ation's accounting for
Par	t III Organizations Maintaining Collections of	Art Histo	rical Tue	011		
	Complete if the organization answered "Yes" on Form S	Art, misto	rical Trea	asures, or Oth	ner Simil	ar Assets.
1a	If the organization elected, as pormitted under OFAC 443 (ACC	190, Part IV,	line 8.			
	If the organization elected, as permitted under SFAS 116 (ASC	, 958), not to	report in it	s revenue statem	ent and ba	ance sheet works of art,
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe	ortion, educa	ation, or res	earch in furtheran	ce of publi	c service, provide, in Part XIII,
b	If the organization elected as permitted under SEAS 116 (ASS	es these iten	ns.			
	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, add	958), to rep	ort in its re	enue statement a	and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu relating to these items:	ication, or re	esearch in fu	rtherance of pub	lic service,	provide the following amounts
	(ii) Assets in the transfer of the coopy of					\$
2	If the organization received or held works of art, historical trace					•
7	If the organization received or held works of art, historical treas the following amounts required to be reported under SFAS 116	ures, or othe	er sımılar as	sets for financial	gain, provid	de
a	Revenue included on Form 990. Part VIII line 1	(ASC 958)	relating to t	nese items:		
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					\$
HA	For Paperwork Reduction Act Notice, see the Instructions f	or Form oc	n		>	\$
32051	10.00.17	or Form 990	U.			Schedule D (Form 990) 2017

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	edule D (Form 990) 2017 WARRIOR	CANINE CO	NNECTION,	INC.		45-29	8157	9 P	age 2
	rt III Organizations Maintaining (Collections of Ar	t, Historical T	reasures, or	Other Simi	lar Asset	S (contin		
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that a	are a significar	nt use of its	collection	items	3
	(cneck all that apply):								
а	Public exhibition		d Loan or e	xchange progran	ns				
b	Scholarly research		Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further	the organization	's exempt pur	pose in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other	similar assets				
Dai	to be sold to raise funds rather than to be m	aintained as part of t	he organization's o	collection?			Yes		No
rai		gements. Compl	ete if the organizat	ion answered "Y	es" on Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	irt X, line 21.							
та	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other asse	ts not include	d			
L	on Form 990, Part X?						Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
С	Reginning bolonge						Amount		
4	Beginning balance		•••••		10	0			
e	Additions during the year		••••••		10	d			
f	Distributions during the year				16				
-	Ending balance	form 000 Dart V III-	04.5		11	f _			_
b	Did the organization include an amount on F	Chack berg if the av	21, for escrow or	custodial accoun	nt liability?		Yes		No
Par	t V Endowment Funds. Complete	if the organization an	planation has been	n provided on Pa	rt XIII				
	- Complete	(a) Current year							
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	Dack (d) Thre	e years back	(e) Four	years	back
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities							_	
	and programs								
f	Administrative expenses								-
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	(line 1a column (a)) hold as:			-		
а	Board designated or quasi-endowment	one palation	%	ajj rielu as.					
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administered	for the organ	ization			
	by.						Г	v T	
	(ii) unrelated organizations						3a(i)	Yes	No
	() garnzations								
b	are the related organiza	tions listed as require	ed on Schedule R?				3a(ii)		
-	bescribe in Fait Alli the interided uses of the	organization's endou	vment funds.				OD		
Par	Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a.	See Form 990, P	art X, line 10.				
	Description of property	(a) Cost or ot basis (investm	ther (b) Cos	t or other (other)	(c) Accumula		(d) Book	value	
1a	Land								
b	Buildings								
C	Leasehold improvements		2.09	9,531.	73,5	595	2,025	0.2	6
d	Equipment			3,926.	21,1			,78	
е	Other		16	4 710	90			, 78	
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990. Part X	column (R) line 1	(Oc.)	0075		2,123		
			10/11/10/1		*****************		1123	, 00	2.

Schedule D (Form 990) 2017

Complete if the average in the second to the			
Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)	and the State of Contract of the Contract of t		
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		÷.	
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(3)	The second second		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
district Addets.			
	Form 990 Part IV line	11d Coo Form 000 Ded V II. 44	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	5. (b) Book value
Complete if the organization answered "Yes" or (a) Do (1)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" or (a) Do (1)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) December 2. (1) (2) (3) (4)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) December 2. (1) (2) (3) (4)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line 1	escription		
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1	escription 5.)		(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on	5.)	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability	5.)		(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Detail. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	5.)	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990. Part X. col. (B) line 1 Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Contact X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) The control of the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	5.)	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value

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

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Name of the organization

WARRIOR CANINE CONNECTION, INC.

Employer identification number 45-2981579

	Types of Property (a) Check is applicable.		(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution among			is
1	Art - Works of art		nomo contributou	1 om 550, rait viii, line ig				Tire
2	Art - Historical treasures					- Control - Control		
3	Art - Fractional interests							
4	Books and publications						-	
5	Clothing and household goods							-
6	Cars and other vehicles	X	1	1 500	BOOK VALUE	1003		
7	Boats and planes			1,500.	DOOK VAHOE			
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		Tall 10 10 10 10 10 10 10 10 10 10 10 10 10					
15	Real estate - Residential					-		-774-0-0
16	Real estate - Commercial					_		_
17	Real estate - Other					_		
18	Collectibles						all o	
19	Food inventory							
20	Drugs and medical supplies							-
21	Taxidermy		Manager Manager Control					
22	Historical artifacts	The state of the state of				1957		100
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (DOG MED. SUP.)	X	4	22 000	EMIZ			
26	Other (DOG SUPPLIES)	X	165	23,898.				
27	Other DOG FOOD	X	105	20,508.				
28	Other (CONSTRUCTION)	X	1	14,957.				
29	Number of Forms 8283 received by the organization			6,110.	F.W.V			
	for which the organization completed Form 828	22 Dort IV D	the tax year for co	ntributions				
	organization completed from 826	oo, Fait IV, L	onee Acknowledge	ement 29				
80a	During the year did the organization receive by	/ contribution					Yes	No
	During the year, did the organization receive by must hold for at least three years from the determinant	y contribution	any property repo	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date exempt purposes for the entire holding period?							
b	If "Yes," describe the arrangement in Part II.	***************************************	***************************************			30a		X
1	Does the organization have a gift acceptance of	alia, et es						
	Does the organization have a gift acceptance p	olicy that rec	quires the review o	f any nonstandard contribut	ions?	31	X	
	Does the organization hire or use third parties of contributions?	or related org	anizations to solic	t, process, or sell noncash				
b	If "Yes," describe in Part II.					32a		X
•	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
HA	describe in Part II. For Paperwork Reduction Act Notice, see to							

2017.05050 WARRIOR CANTER CONCOPY

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WARRIOR CANINE CONNECTION,

Employer identification number 45-2981579

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WARRIOR CANINE CONNECTION (THE ORGANIZATION) IS A PIONEERING ORGANIZATION THAT UTILIZES ITS MISSION BASED TRAUMA RECOVERY (MBTR) MODEL TO SUPPORT RECOVERING COMBAT VETERANS AND THEIR FAMILIES. THE ORGANIZATION PROVIDES WARRIORS A REGAINED SENSE OF PURPOSE THROUGH THE OPPORTUNITY TO ENGAGE IN A CRITICAL MILITARY SUPPORT MISSION WHILE SIMULTANEOUSLY RECEIVING TREATMENT FOR THEIR OWN SYMPTOMS OF POST-TRAUMATIC STRESS (PTS) AND TRAUMATIC BRAIN INJURIES (TBI). BASED ON THE TIME-HONORED TRADITION OF WARRIORS HELPING WARRIORS, MISSION IS TO TRAIN HIGHLY-SKILLED SERVICE DOGS THAT PROVIDE YEARS OF MOBILITY AND SOCIAL SUPPORT TO VETERANS WITH DISABILITIES. THE ORGANIZATION PROVIDES THERAPEUTIC SERVICE DOG TRAINING AT THEIR HEALING QUARTERS FACILITY IN BOYDS, MD AND WITHIN VETERANS TREATMENT COURT PROGRAMS AND TO WOUNDED WARRIORS CURRENTLY IN TREATMENT AT THE NATIONAL INTREPID CENTER OF EXCELLENCE (NICOE), AT WALTER REED NATIONAL MILITARY MEDICAL CENTER (WRNMMC) IN BETHESDA, MD AND AT THE MENLO PARK DIVISION OF THE PALO ALTO CALIFORNIA VA HEALTH CARE SYSTEM (MENLO PARK) ORGANIZATION HAS TAKEN A LEADERSHIP ROLE IN SCIENTIFIC RESEARCH INTO THE BIOLOGICAL, PSYCHOLOGICAL AND BEHAVIORAL EFFECTS OF SERVICE DOG TRAINING AS A THERAPEUTIC MODALITY TO MITIGATE THE SYMPTOMS OF PTS AND TBI IN ORDER TO PROVIDE EDUCATION AND OUTREACH AND TO ADVANCE THE AWARENESS OF THIS THERAPY FOR WOUNDED WARRIORS WITH PSYCHOLOGICAL INJURIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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

WARRIOR CANINE CONNECTION PUPPIES WERE FEATURED ON A PUPPY CAM THAT WAS

VIEWED BY MILLIONS OF PEOPLE AROUND THE WORLD, PROVIDING THE WARRIOR

CANINE CONNECTION WITH AN OUTSTANDING EDUCATIONAL OPPORTUNITY TO SHARE

INFORMATION ABOUT THE BREEDING, CARE, THERAPEUTIC TRAINING, AND

BENEFITS OF SERVICE DOGS TO WOUNDED WARRIORS. A WCC DOG MUST BE

APPROXIMATELY TWO YEARS OLD AND MEET INDUSTRY TRAINING STANDARDS TO BE

ELIGIBLE TO BE PLACED WITH A WARRIOR. THE FIFTH GRADUATION OF WARRIOR

CANINE CONNECTION DOGS TOOK PLACE IN OCTOBER 2017. TWELVE DOGS WERE

PLACED IN SUPPORT OF VETERANS WITH DISABILITIES AND THEIR FAMILIES.

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

WRNMMC, FORT BELVOIR, VA, AND MENLO PARK, CA. FIELD TRIPS WERE ARRANGED

FOR NICOE AND WRNMMC PATIENTS TO WARRIOR CANINE CONNECTION'S HEALING

QUARTERS IN BROOKEVILLE AND BOYDS, MD. DURING 2017, WARRIOR CANINE

CONNECTION STAFF PRESENTED SERVICE DOG TRAINING AS A THERAPEUTIC

INTERVENTION FOR PTS AND TBI TO SEVERAL HUNDRED MILITARY AND CIVILIAN

LEADERS IN MEETINGS AND IN CONJUNCTION WITH TOURS OF THE NICOE AND

WRNMMC. WARRIOR CANINE CONNECTION STAFF AND WARRIOR TRAINERS ALSO

PRESENTED THE WARRIOR CANINE CONNECTION MISSION BASED TRAUMA RECOVER

(MBTR) PROGRAM TO NAVY RESERVISTS AT RETURNING WARRIOR WORKSHOPS AROUND

THE COUNTRY AND AT THE CONGRESSIONAL MILITARY MENTAL HEALTH CAUCUS.

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

THE FEDERAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS RENEWED ANNUALLY. THE BOARD OF DIRECTORS

ARE REQUIRED TO IMMEDIATELY NOTIFY THE BOARD OF ANY CONFLICT OF INTEREST.

MANAGEMENT OF THE ORGANIZATION MONITORS THE FOLLOWING CONFLICT SITUATIONS

FOR EMPLOYEES OR THE BOARD OF DIRECTORS: (1) EMPLOYMENT BY A COMPETITOR OR

POTENTIAL COMPETITOR, REGARDLESS OF THE NATURE OF THE EMPLOYMENT, WHILE

EMPLOYED BY THE ORGANIZATION; (2) ACCEPTANCE OF GIFTS, PAYMENT, OR SERVICES

FROM THOSE SEEKING TO DO BUSINESS WITH THE ORGANIZATION; (3) PLACEMENT OF

BUSINESS WITH A FIRM OWNED OR CONTROLLED BY AN EMPLOYEE OR HIS OR HER

FAMILY; (4) OWNERSHIP OF OR SUBSTANTIAL INTEREST IN, A COMPANY THAT IS A

COMPETITOR OR A SUPPLIER OF THE ORGANIZATION; AND, (5) ACTING AS AN

INDEPENDENT CONTRACTOR TO THE ORGANIZATION'S CUSTOMER OR SUPPLIER.

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

THE EXECUTIVE DIRECTOR'S SALARY IS EVALUATED EACH YEAR AND ANY INCREASES

ARE BASED ON PERFORMANCE AND IS DETERMINED AS PART OF THE BUDGET PROCESS.

THE BOARD OF DIRECTORS HAS SET UP A FINANCE COMMITTEE AND AN EXECUTIVE

COMMITTEE AND THE EXECUTIVE DIRECTOR'S COMPENSATION IS DISCUSSED AT THOSE

MEETINGS. THE COMPENSATION DETERMINATION PROCESS WAS NOT CONTEMPORAENOUSLY

DOCUMENTED, HOWEVER, CONTEMPORANEOUS DOCUMENTATION WILL BE IMPLEMENTED IN

THE FUTURE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OH,OK

OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,DC

FORM 990, PART VI, SECTION C, LINE 19: