Form 990 (Rev. January 2020)

#### **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.

2019
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if C Name of organization D Employer identification number WARRIOR CANINE CONNECTION, INC. Name change 45-2981579 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated (301) 260-1111 14934 SCHAEFFER ROAD 3,724,371. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BOYDS, MD 20841 H(a) Is this a group return F Name and address of principal officer; RICK YOUNT for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 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 1 Briefly describe the organization's mission or most significant activities: SUPPORT RECOVERING COMBAT Governance VETERANS & THEIR FAMILIES UTILIZING SERVICE DOG TRAINING/PLACEMENT. 2 Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 52 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1011 6 Total number of volunteers (estimate if necessary) 6 7,337. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year Prior Year** 4,067,007. 3,189,625. 8 Contributions and grants (Part VIII, line 1h) Revenue 508,913. 404,929. 9 Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 10,122. 12,967. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,482,058. 3,711,505. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,045,563. 2,340,120. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. b Total fundraising expenses (Part IX, column (D), line 25) 654,698. 749,850. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,700,261. 3,089,970. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,781,797. 621,535. 19 Revenue less expenses. Subtract line 18 from line 12 10 **Beginning of Current Year End of Year** Assets Balanc 7,497,016. 6,829,683. Total assets (Part X, line 16) 759,541. 131,572. 21 Total liabilities (Part X, line 26) 6,698,111. 6,737,475. Net assets or fund balances. Subtract line 21 from line 20 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. Heart An Signature of officer Date Sign RICK YOUNT, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name 04/16/21 P00639053 Paid FRANK H. SMITH rank H. self-employed Firm's name MARCUM LLP Firm's EIN > 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Page 2

Par	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,284,287. including grants of \$ ) (Revenue \$ )
	DOG TRAINING AND PLACEMENT: THE WARRIOR CANINE CONNECTION THERAPEUTIC
	SERVICE DOG TRAINING PROGRAM WORKS WITH GOLDEN AND LABRADOR RETRIEVER
	PUPPIES, PURPOSE BRED FOR HEALTH AND TEMPERAMENT FOR SERVICE DOG WORK.
	RECOVERING WARRIORS FROM NICOE AND WRNMMC, FT. BELVOIR AND CIVILIAN
	VOLUNTEERS WERE INVOLVED IN THE EARLY SOCIALIZATION OF THESE FUTURE
	SERVICE DOGS FOR DISABLED WARRIORS IN THE MEDICAL FACILITIES AND AT THE
	WARRIOR CANINE CONNECTION BOYDS, MD HQ. 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
4h	0.45, 0.06
4b	(Code:) (Expenses \$845,096. including grants of \$) (Revenue \$)  MISSION BASED TRAUMA RECOVERY: DURING 2018 AND 2019, THE WARRIOR CANINE
	CONNECTION PROVIDED ITS TRAINING DOG THERAPY PROGRAM FOR POST-TRAUMATIC
	STRESS (PTS) AND TRAUMATIC BRAIN INJURIES (TBI) TO WOUNDED WARRIORS IN
	THE FOLLOWING LOCATIONS: MARYLAND - WCC'S HEALING QUARTERS IN BOYDS;
	THE NATIONAL INTREPID CENTER OF EXCELLENCE (NICOE), AT WALTER REED
	NATIONAL MILITARY MEDICAL CENTER (WRNMMC) IN BETHESDA; AND THE
	BALTIMORE VETERANS TREATMENT COURT IN BALTIMORE. CALIFORNIA - AT THE
	MENLO PARK DIVISION OF THE PALO ALTO CALIFORNIA VA HEALTH CARE SYSTEM
	(MENLO PARK); STANFORD UNIVERSITY; SAN MATEO VETERANS TREATMENT COURT.
	COLORADO - AT THE MARCUS INSTITUTE FOR BRAIN HEALTH AT THE ANSCHUTZ
	MEDICAL CAMPUS OF UNIVERSITY OF COLORADO; THE ARAPAHOE COUNTY AND THE
	JEFFERSON COUNTY VETERANS TREATMENT COURTS. NORTH CAROLINA - AT THE
4c	(Code:) (Expenses \$ 508,913. including grants of \$) (Revenue \$ 508,913.)
	RESEARCH: A LARGER RESEARCH STUDY TO EVALUATE THE EFFICACY OF SERVICE DOG TRAINING AS AN ADJUNCTIVE TREATMENT FOR PTSD AND TBI AND TO
	MAXIMIZE THE THERAPEUTIC BENEFITS TO RECOVERING WARRIORS WHO
	PARTICIPATE IN THE PROGRAM WAS INITIATED WITH THESE COLLABORATIVE
	PARTNERS IN 2014.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2,638,296.
	Form <b>990</b> (2019)

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# Form 990 (2019) WARRIOR CANINE CONNECTION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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? <i>If</i> "Yes," <i>complete</i>			
•	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		-		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		<b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
=	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form	1990 (2019) WARRIOR CANINE CONNECTION, INC. 45-2983	<u> 1579</u>	Р	age <b>4</b>
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
b		ס		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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tc X
Form 990 (2019)

2019.05091 WARRIOR CANINE CONNECTION WCCI

(gambling) winnings to prize winners?

Form 990 (2019) WARRIOR CANINE CONNECTION, INC.

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	, , , , , , , , , , , , , , , , , , , ,							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			₩.				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:						
7	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		Х				
a b	TENER OF THE TENER	7a 7b		21				
	Did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75						
·	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders  11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.	_	990	/nn :-				

Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management		_							
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	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	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
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, II	,KS	, KY	MA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3									
	for public inspection. Indicate how you made these available. Check all that apply.	,)		-						
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule 0)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	RICK YOUNT - (301) 260-1111									
	14934 SCHAEFFER ROAD, BOYDS, MD 20841									
000000	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2010)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	nıza			ipen	sate			(E)
<b>(A)</b> Name and title	(B)			ر) Pos	<b>C)</b> ition	1		(D)	(E)	(F) Estimated
Name and title	Average hours per		(do not check box, unless p					Reportable compensation	Reportable compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	ao			rted		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		9	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	tional		ploye	t com	_			and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICK YOUNT	40.00	_	_		_		4			
EXECUTIVE DIRECTOR		Х		Х				127,972.	0.	9,801.
(2) JENNIFER WILDER	40.00									
DIRECTOR OF DEVELOPMENT				Х				112,415.	0.	3,363.
(3) MOLLY MORELLI	40.00									
DEPUTY EXECUTIVE DIRECTOR				Х				81,229.	0.	32,854.
(4) JULIE WALTERS	1.00									
PRESIDENT/SECRETARY		Х		Х				0.	0.	0.
(5) EARL O. STRIMPLE, DVM	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JOSHUA STUEVE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MICHAEL L. SUBIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) TORA M. FISHER BUCKWORTH	1.00							_	_	_
DIRECTOR - UNTIL 02/20		Х						0.	0.	0.
(9) ROSEMARIE T KRAUS	1.00	1						_		_
DIRECTOR		Х						0.	0.	0.
(10) LAWRENCE V. MCBEAN	1.00									
DIRECTOR	1 22	Х		Х				0.	0.	0.
(11) SPENCER MILO	1.00	ļ								
DIRECTOR	1 00	Х	_					0.	0.	0.
(12) KYLE D. RICHARDS, PH.D	1.00	.,							_	
DIRECTOR (12) PORTER PORTER AND	1 00	Х						0.	0.	0.
(13) ROBERT ROSENBAUM, MD	1.00	3,7						_	_	
DIRECTOR - UNTIL 07/19		Х						0.	0.	0.
		-								
		1								
			$\vdash$							
		1								
			$\vdash$							
		1								
	L	<u> </u>	L	l				I		Form <b>990</b> (2010)

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Form 990 (2019) WARRIOR (	CANINE C	CON	NE	СТ	'IO	N,	I	INC.	45-29	815	79	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box,	not c	ss per	ition more rson is	l than c s both or/trust	an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related		Esti amo	( <b>F)</b> mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	compe from organ and	ensation m the nization related izations
		-										
1b Subtotal								321,616.		0.	46	,018.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							<b>▶</b>	321,616.		0.	46	0.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			2
										Г	)	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si											3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4	х
5 Did any person listed on line 1a receive or a	ccrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J to	or su	ıch <u>r</u>	oers:	on .				<u> </u>	5	X
Complete this table for your five highest continuous the organization. Report compensation for the organization for the compensation for the compensation for the compensation for the compensation for the compensation.	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fron	n
(A) Name and business		NC						(B) Description of s		Co	(C)	
2 Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			

Form **990** (2019)

Form 990 (2019) WARRIOR
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respon	se or	note to any lin	e in this Part VIII			
							,,,,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											30000013 3 12 3 14
nts			Federated campaigns								
Sra			Membership dues								
S, (			Fundraising events								
aif		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contrib	outic	ons) <b>1e</b>	3	56,884.				
ion		f	All other contributions, gifts, g	rants							
but			similar amounts not included a	abov	e <b>1f</b> 2		32,741.				
nt: Ott		g	Noncash contributions included in li	nes 1a	a-1f <b>1g</b> \$	1	71,003.				
Col		h	Total. Add lines 1a-1f					3,189,625.			
							Business Code				
o l	2	а	CONTRACT REVE	JUE	3		900099	508,913.	508,913.		
Š		b				-					
Ser		c				-  -					
Mer S											
gra Re		d				-  -					
Program Service Revenue		e	All II			-  -					
ъ			All other program service r			_		E00 012			
		g	Total. Add lines 2a-2f					508,913.			
	3		Investment income (includi								
			other similar amounts)								
	4		Income from investment of		=	-					
	5		Royalties	······		<del></del>					
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				<b>)</b>				
	7	а	Gross amount from sales of	ļ	(i) Securitie	s	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses								
/en		С	Gain or (loss)	7с							
Re			Net gain or (loss)		<u>.</u>		<b>&gt;</b>				
her Revenue			Gross income from fundraisin								
₹			including \$		of						
			contributions reported on I	ine 1	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from for	undr	aising events	s					
	9	а	Gross income from gaming	act	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g		_		<b>&gt;</b>				
			Gross sales of inventory, le		- г		-				
			and allowances		-	10a	20,203.				
		b	Less: cost of goods sold				12,866.				
			Net income or (loss) from s			•	<b></b>	7,337.		7,337.	
			,				Business Code				
snc	11	а	REBATE/REIMBU	RSE	EMENT		900099	4,829.			4,829.
nec			OTHER			_	900099	801.			801.
ella		c				_					<u> </u>
Miscellaneous Revenue			All other revenue			_					
Σ			Total. Add lines 11a-11d				<b>&gt;</b>	5,630.			
	12		Total revenue. See instruction					3,711,505.	508,913.	7,337.	5,630.

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Form **990** (2019)

secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			<u>ірівів соійтін (A).</u>	Γ
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	general expenses	одренесс
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	384,205.	249,776.	83,850.	50,579
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,734,705.	1,569,028.	94,638.	71,039.
8	Pension plan accruals and contributions (include	05 001	04 505	2 224	0 000
	section 401(k) and 403(b) employer contributions)	27,821.	21,505.	3,984.	2,332
9	Other employee benefits	36,281.	36,001.	10 440	280
10	Payroll taxes	157,108.	136,036.	12,448.	8,624
11	Fees for services (nonemployees):				
a	Management	12 000		12 000	
b		12,000. 32,593.		12,000.	0.
С.	9	34,393.		34,393.	<u> </u>
d	, ,				
e	, F				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	43,852.	41,449.		2,403.
12	Advertising and promotion	20,002			
13	Office expenses	64,910.	48,594.	1,746.	14,570
14	Information technology	,	,	,	•
15	Royalties				
16	Occupancy	100,412.	89,565.	5,966.	4,881.
17	Travel	43,146.	42,886.		260.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,784.	62,806.	3,489.	3,489
23	Insurance	9,890.	7,104.	2,786.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	101 000	101 000		
a	DOG CARE & SUPPLIES VETERINARY CARE	181,922. 72,279.	181,922. 72,279.		
b		44,402.	31,524.	4,226.	0 652
C	DUES & SUBSCRIPTIONS EDUCATION & OUTREACH	39,080.	15,468.	4,440.	8,652. 23,612.
d		35,580.	32,353.	1,593.	1,634
	All other expenses Add lines 1 through 2/a	3,089,970.	2,638,296.	259,319.	192,355
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	3,003,310•	2,030,230.	237,3190	174,333
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,647,326.	1	4,225,821.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,872,029.	4	1,208,519.
	5	Loans and other receivables from any current o	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,197.	8	10,751.
۲	9	Prepaid expenses and deferred charges			11,399.	9	29,057.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,338,488.			
	b	Less: accumulated depreciation	2,288,732.	10c	2,022,868.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			6,829,683.	16	7,497,016.
	17	Accounts payable and accrued expenses		l l	58,374.	17	144,163.
	18	Grants payable		18	00.400		
	19	Deferred revenue		0.	19	83,420.	
	20	Tax-exempt bond liabilities		l l		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
<b>≅</b>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela			0	23	444 260
	24	Unsecured notes and loans payable to unrelate			0.	24	444,360.
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	-	•	73,198.		07 500
	00	of Schedule D			131,572.		87,598. 759,541.
	26	Total liabilities. Add lines 17 through 25			131,372.	26	759,541.
ွှ		Organizations that follow FASB ASC 958, che	eck nere				
uce	07	and complete lines 27, 28, 32, and 33.			4,120,116.	27	4,109,860.
ala	27	Net assets without donor restrictions			2,577,995.	28	2,627,615.
В	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 9			2,511,555	20	2,027,013.
ᇤ		and complete lines 29 through 33.	oo, che	ck fiere			
ō	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
<b>1</b>		Total net assets or fund balances			6,698,111.	32	6,737,475.
ارة	32						

Form **990** (2019)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>3,71</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,08					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>35.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-58	2,1	71.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,73	7,4	75.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?	-	За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990	(2019)			

#### **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

2019

Open to Public Inspection

Name of the organization **Employer identification number** WARRIOR CANINE CONNECTION, INC. 45-2981579 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 

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

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2565655.	1590299.	2678019.	4067007.	3189625.	14090605.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2565655.	1590299.	2678019.	4067007.	3189625.	14090605.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						0254021
_	column (f)						2354831.
	Public support. Subtract line 5 from line 4.						11735774.
		(-) 004 <i>5</i>	(1-) 0040	/-\ 0047	(-1) 0040	(-) 0040	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2015 2565655.	(b) 2016 1590299.	(c) 2017 2678019.	(d) 2018 4067007.	(e) 2019 3189625	(f) Total 14090605.
_	Amounts from line 4  Gross income from interest,	2303033.	13902996	2070019.	4007007.	3109023.	14090003.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	26.		208.			234.
9	Net income from unrelated business	20.		200.			234.
3	activities, whether or not the						
	business is regularly carried on			971.			971.
10	Other income. Do not include gain			3,20			7,20
	or loss from the sale of capital						
	assets (Explain in Part VI.)			1,010.	355.	801.	2,166.
11	<b>Total support.</b> Add lines 7 through 10						14093976.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,033,598.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	83.27 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	81.67 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						•
	organization meets the "facts-and-circ						
<u>18</u>	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box a	na see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support	now, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6  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						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					<del> </del>	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•				•	. $\square$
00	line 18 is not more than 33 1/3%, chec		-	•		-	
<b>Z</b> U	Private foundation. If the organization	u dia not check a	DOX OR IDE 14 19	a or igo check fr	us nox and see ins	SITUCTIONS	

Van Na

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0-		
3c		
4a		
14		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		
990 or 99	0-EZ)	2019

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	tion 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		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Seci	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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	OF ITS SUPPORTED VIOLENCE FOR THE THE CHESTITINE IN FIGURAL THE MISSION IN THE AMERICAN IN THIS REASON	UL		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		· ——-	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	8		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	ne organization is responsive		
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		annount announce by mile of announce	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
-	and 4	•			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			
		ss from 2019			
		LU 10			

Schedule A (Form 990 or 990-EZ) 2019

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
2015 AMOUNT: \$ 0.
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 1,010.
2018 AMOUNT: \$ 355.
2019 AMOUNT: \$ 801.
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

Name of the organization

**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

2019

**Employer identification number** 

WZ	ARRIOR CANINE CONNECTION, INC.	45-2981579							
Organization type (check o	rganization type (check one):								
Filers of:	Section:								
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from							
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
year, contributions is checked, enter h purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	· · · · · · · · · · · · · · · · · · ·							

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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		\$ 658,419.	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		\$ <u>140,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 138,410.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 75,732.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$ 70,244.	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
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# WARRIOR CANINE CONNECTION, INC.

45-2981579

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DOG SUPPLIES	_	
$\frac{4}{}$		_	
		\$37,817.	06/09/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		_   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
—		-	
923453 11-06		_   \$	990.EZ or 990.PE\(2019\)

Name of organization **Employer identification number** WARRIOR CANINE CONNECTION, INC. 45-2981579 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WARRIOR CANINE CONNECTION, INC.

**Employer identification number** 45-2981579

Pai	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreati	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	•	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9		ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	, .	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	▶ ♠
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019

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

_		CANINE COI				· Othor			81579		ige 2
	organizations maintaining of								(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	C			hange progra						
b	Scholarly research	е	• 🔲	Other							
С	c Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
Dav	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	'Yes" on I	Form 990	, Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custodia		ian, for a	contribution	c or other acc	ote not in	ncludod				
ıa									Yes		No
h	on Form 990, Part X?								_ 1es		NO
b	ii res, explain the arrangement in Fart Alli a	and complete the loi	nowing t	abie.					Amount		
•	Beginning balance						1c		Amount		
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟			]
Par											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four v	ears l	hack
1a	Beginning of year balance	(a) carrerry car	(2):	you.	(0) 1110 ) 041	o suon	<b>,</b>	July Buon	(0) . ou.	,	
b	Contributions										
	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 curre	ent vear end balance	e (line 1c	a. column (a)	)) held as:						-
а	Board designated or quasi-endowment	•	%	, , ,	,						
	Permanent endowment		_								
		<del></del> %									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiza	ation			
	by:									/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	l "Yes" on Form 990	), Part IV	<u>/, line 11a. S</u>	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		` ,	or other	٠,	cumulate	ed	(d) Book	value	•
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings			0.15	5 001	-	06 =		1 000		
	Leasehold improvements	I			6,921.	1	26,52		1,980		
	Equipment				8,826.	- 1	30,83			, 99	
	Other	*			2,741.		58,2			, 47	
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colun	nn (B), line 1	0c.)			Schodulo	2,022		

Schedule D (Form 990) 2019 WAINTON CAN	NE COMMECTED	N, INC.	ZJUIJIJ Page U
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	l of year market value
	(b) book value	(c) Wethod of Valuation. Cost of end	i-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A) (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			87,598.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<b>&gt;</b>	87,598.

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

Schedule D (Form 990) 2019

Pai	T XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		Ι, Ι	2 711 505
1			1	3,711,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
e	Add lines 2a through 2d			3,711,505.
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	3,711,303.
4	, , ,	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		40	0.
C				3,711,505.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII   Reconciliation of Expenses per Audited Financial St	atements With Expen		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	-	occ por motari	
1	Total expenses and losses per audited financial statements		1	3,089,970.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		····	3,003,310.
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1			3,089,970.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,003,3100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	·	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1			3,089,970.
	rt XIII Supplemental Information.	0 <i>.j</i>		
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2:		Part V, line 4; Part X	r, line 2; Part XI,
	CORGANIZATION EVALUATED ITS UNCERTAINT	Y IN INCOME TA	XES FOR TI	HE YEAR
	DED JUNE 30, 2020, AND DETERMINED THAT			
	QUIRE RECOGNITION IN THE FINANCIAL STAT			
	FECT ON ITS TAX-EXEMPT STATUS.			
	dor on the time and the printers			

Schedule D (Form 990) 2019

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization WARRIOR CANINE CONNECTION, INC. Employer identification number 45-2981579

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	n Method of noncash contri		•	 s
1	Art - Works of art		items contributed	7 3777 333, 7 472 777, 1170	, 19			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		250	1 17 1 0 0	2 77.5			
25	Other (DOG SUPPLIES)	X	379	171,00	3. FMV			
26	Other ()							
27	Other ()							
<u> 28</u>	Other ( )				T			
29	Number of Forms 8283 received by the organization appropriate and Forms 8263							
	for which the organization completed Form 828	oo, Part IV, L	Jonee Acknowledg	ement <b>29</b>			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I lines 1 th	rough 28 that it		163	NO
ooa	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			•	50 4004 101	30a		Х
b	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard cont	ributions?	31	х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is	checked,			
	describe in Part II.							
	For Dononwoods Doduction Act Notice and						000	

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### 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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WARRIOR CANINE CONNECTION, INC.

Employer identification number 45-2981579

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 OUARTERS 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) THE 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 IN ORDER TO PROVIDE EDUCATION AND OUTREACH AND TO ADVANCE THE AWARENESS OF THIS THERAPY FOR WOUNDED WARRIORS WITH PSYCHOLOGICAL INJURIES.

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

09240416 150872 WCCI

DISABILITIES AND THEIR FAMILIES.

Name of the organization

WARRIOR CANINE CONNECTION, INC.

Employer identification number 45-2981579

MEET INDUSTRY TRAINING STANDARDS TO BE ELIGIBLE TO BE PLACED WITH A

WARRIOR. THE WEVENTH GRADUATION OF WARRIOR CANINE CONNECTION DOGS TOOK

PLACE IN OCTOBER 2019. TEN DOGS WERE PLACED IN SUPPORT OF VETERANS WITH

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BUNCOMBE COUNTY VETERANS TREATMENT COURT. ADDITIONALLY, WARRIOR CANINE CONNECTION DOGS WORKED WITH SOLDIERS IN THE WARRIOR TRANSITION UNITS AT 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 2019, 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. WARRIOR CANINE CONNECTION IS COLLABORATING WITH WRNMMC, THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USUHS) AND CIVILIAN ACADEMIC EXPERTS ON RESEARCH ASSOCIATED WITH THE NEUROBIOLOGY OF THE HUMAN-ANIMAL BOND AND THE TREATMENT OF PTSD. THE PROTOCOL FOR THE STUDY WAS APPROVED AND SUBJECT RECRUITMENT BEGAN IN LATE 2014. A LARGER RESEARCH STUDY TO EVALUATE THE EFFICACY OF SERVICE DOG TRAINING AS AN ADJUNCTIVE TREATMENT FOR PTSD AND TBI AND TO MAXIMIZE THE THERAPEUTIC BENEFITS TO RECOVERING WARRIORS WHO PARTICIPATE IN THE PROGRAM WAS INITIATED WITH THESE COLLABORATIVE PARTNERS IN 2014.

Name of the organization WARRIOR CANINE CONNECTION, INC. Employer identification number 45-2981579

FORM 990, PART VI, SECTION A, LINE 2:

EXECUTIVE DIRECTOR RICK YOUNT AND DEPUTY EXECUTIVE DIRECTOR MOLLY MORELLI HAVE A FAMILY RELATIONSHIP.

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 COMMITTEE ANNUALLY EVALUATES THE EXECUTIVE DIRECTORS

PERFORMANCE AND MAKES A RECOMMENDATION TO THE FULL BOARD REGARDING THE

EXECUTIVE DIRECTORS COMPENSATION PACKAGE. THE EXECUTIVE COMMITTEE REVIEW

DATA AND INFORMATION WHICH DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR

SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

ORGANIZATIONS.

WARRIOR CANINE CONNECTION, INC.	Employer identification number 45-2981579
	,
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,N	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:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE,	CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON F	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON CAPITAL PROJECT	-582,171.