### EXTENDED TO NOVEMBER 15, 2022

### Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number SAVE A WARRIOR, INC. X Name change 45-5571507 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final PO BOX 218117 614-598-7870 City or town, state or province, country, and ZIP or foreign postal code 368,140. G Gross receipts \$ Amended return COLUMBUS, OH 43221 H(a) Is this a group return Applica-F Name and address of principal officer: RONALD CLARK for subordinates? Yes X No pending 3953 E. DANVILLE ROAD, HILLSBORO, OH 45133 H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or [ If "No." attach a list. See instructions J Website: ► SAVEAWARRIOR.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 2012 M State of legal domicile: CA Part I | Summary Briefly describe the organization's mission or most significant activities: SAVE A WARRIOR SAW IS COMMITTED 1 Governance TO ENDING THE STAGGERING SUICIDE RATE PLAGUING OUR VETERANS, Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 5,087,676 3,946,529. Contributions and grants (Part VIII, line 1h) 0. 9 Program service revenue (Part VIII, line 2g) 12,093. 211,395. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -85.984. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,013,785 4. 157 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. Benefits paid to or for members (Part IX, column (A), line 4) 0. 897,040. 638,196. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,527. **b** Total fundraising expenses (Part IX, column (D), line 25) 456,949. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 833,434. 1,098,672. 1,730,474. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,915,113. 2,427,450. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 7,030,243. 9,346,522. 20 Total assets (Part X, line 16) 460,040 348,869. Total liabilities (Part X, line 26) 6,570,203. Net assets or fund balances, Subtract line 21 from line 20 8,997,653. 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. Signature of officer Date Sign RONALD CLARK, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature ₽01461057 CHRISTY S. ZIMMERMAN 11/02/22 Paid CHRISTY S. ZIMMERMAN self-employed Firm's name | GBQ PARTNERS LLC Firm's EIN ▶ 20-2122306 Preparer Firm's address 230 WEST STREET, Use Only SUITE COLUMBUS, OH 43215 Phone no. (614) 221-1120 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

### Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	cts, for which an extension request must be sent to the IHS f this form, visit <i>www.irs.gov/e-file-providers/e-file-for-chari</i>		•	ietalis on ti	ne electronic	
Auto	matic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	, and trusts	
must u	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.			
Туре	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	identification numb	er (TIN)
print	SAVE A WARRIOR, INC.				45-557150	7
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.		10 00.100	<u>,                                      </u>
return. Se Instructio		oreign addi	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	is For			Code
	90 or Form 990-EZ	01	Form 1041-A			08
	720 (Individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06 07	Form 8870			12
Tele If th	books are in the care of   3953 E • DANVILI  sphone No.   310-662-3038  e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (  I if it is for part of the group, check this box     If we have a specific or place of business is specific or place of business is specific or place of business is specific or place or place or business is specific or place or plac	in the Uni Graup Exe	Fax No. ▶ited States, check this box Imption Number (GEN) I	if this is for	r the whole group, c	
t }	request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension is for the organization named above.  It is calendar year 2021 or the tax year beginning the tax year entered in line 1 is for less than 12 months, calendar year entered in line 1 is for less than 12 months, calendar year entered in line 1 is for less than 12 months, calendar year entered in line 1 is for less than 12 months, calendar year entered in line 1 is for less than 12 months, calendar year entered in line 1 is for less than 12 months.	anization's , an	d ending	e the exem	_·	rn for
3a 1	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
<u> </u>	ny nonrefundable credits. See instructions.			3a	\$	0.
b l	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
-	estimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa	•				
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautio nstruc	n: If you are going to make an electronic funds withdrawal tions.	(direct del	oit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE for	payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	1990 (2021) SAVE A WARRIOR, INC.	45-5571507	Page 2
Pai	t III 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:		
•	SAVE A WARRIOR SAW IS COMMITTED TO ENDING THE STAGGERING	SHICTOR RATE	E.
	PLAGUING OUR VETERANS, ACTIVE MILITARY AND FIRST RESPONDE		
	CONCEIVE, ORIGINATE AND INVENT INTEGRATED INTENSIVE RETRI		
	EXPERIENCES TO TRANSFORM THE WAY OUR HEROES LIVE THEIR LI	LVED.	
2	Did the organization undertake any significant program services during the year which were not listed on the		137
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,415,964. including grants of \$) (Revenue	re \$	1
	SAVE A WARRIOR OPERATED 30 COHORTS SERVING 323 VETERANS,		
	MILITARY AND FIRST RESPONDERS. EACH COHORT IS AN INNOVATI		G .
	RESIDENTIAL EXPERIENCE FOR VETERANS, ACTIVEDUTY MILITARY		<u> </u>
	RESPONDERS LIVING WITH POSTTRAUMATIC STRESS PTS. EACH WEI		<del></del>
	IS CONDUCTED IN COHORTS OF 10-15 PARTICIPANTS AND CONSIST		<u> </u>
	RESILIENCY TRAINING FOR COUNTERING THE DEVASTATING EFFECT		
	ANXIETY AND DEPRESSION. THIS IS ACCOMPLISHED THROUGH AN I		
	LEARNING MODEL, WHERE WE FOCUS ON THE IMMEDIATE AND LAST!		<u>OF</u>
	ALTERNATIVE METHODS AND DISCUSS THE KEYS TO UNDERSTANDING		
	SELFMOTIVATION. THIS RETURN BOOT CAMP OR WAR DETOX USES	EVIDENCE BA	SED
	TECHNIQUES TO EDUCATE WARRIORS AND PROVIDE THEM WITH HEAD	ING	
	OPPORTUNITIES THAT INITIATE LONGTERM BEHAVIORAL CHANGES.	<del></del>	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	ıe \$	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ne \$	١
-10	(Code:		
			<del></del>
44	Other program conjuge (Describe on Schedule O.)		
4d		Λ.	
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 1,415,964.	<u> </u>	
4e	Total program service expenses 1,415,964.	<u></u>	90 (0004)
		Form 9	90 (2021)

Form 990 (2021) SAVE A WARRIOR, 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
·	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
40	If "Yes," complete Schedule D, Part IV	_ <del>.</del>		
10		10		х
	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, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			***
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	domocto government on rate by column (s) into 1: It 16s, complete ochequie i, Parts Fahlu II	لئكا		

Form 990 (2021) SAVE A WARRIOR, INC.

Part IV Checklist of Required Schedules (continued)

10,110,1110.	- Locking and Lock		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	165	NO
£. L.	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
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		
25 a	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
þ	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		<u> X</u>
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	11000-1000	The State of	maint deputy in the
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			· · ·
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	00-		Х
	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
~4	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		12
32		32		х
22	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	3		
34		34	х	
35 a	Part V, line 1	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
•			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		i i i i i i i i i i i i i i i i i i i	
b				militaria de la companya de la compa
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
40000	4 40 00 01	Form	990	(2021)

Form 990 (2021) SAVE A WARRIOR, 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,		The second to th		
	filed for the calendar year ending with or within the year covered by this return	2a 20	of head of the control of the contro		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	İ
	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				ĺ
	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		11/10/2005 21/10/2005		The Control of the Co
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	The same of the same		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	***************************************	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	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 ser	rices provided to the payor?	7a		X
	,		7b_		<u></u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	1		
	to file Form 8282?	1	7c	775 53 A 14 A 54 A	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	100 00 00 00 00 00 00 00 00 00 00 00 00		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	anari.	Λ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		100000000000000000000000000000000000000	and other insuration of the control	
_		***************************************	8		2235233
9	Sponsoring organizations maintaining donor advised funds.		9a		
a			9b		
10	Section 501(c)(7) organizations. Enter:		1 12 5 7 10 10 1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1.00 (100 h 100 h		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	Affair Share of Affair		
11	Section 501(c)(12) organizations. Enter:		10000000000000000000000000000000000000		
· ·	Gross income from members or shareholders	11a	Andrew State		
h	Gross income from other sources. (Do not net amounts due or paid to other sources against		17.00 mm mg/	Control of Pro-	CALL CONTROL
-	amounts due or received from them.)	11b	Company Company		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	A CONTROL OF THE SECOND	AT BOTH I ALL DAY	Programmer and Progra
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		The Control of the Co	The second secon	772 minutes (1)
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	Company Control	The state of the s	
C	Enter the amount of reserves on hand	13c	0.050000	Company of the party of the company	Pagara Jacoba, Jajob of Pagarahan, Jaga of Sandanan, Janasa of Jacoba, Janasa
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				₩.
	excess parachute payment(s) during the year?		15	A company of the control of the cont	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		70,000,000,000,000,000,000,000,000,000,		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	A Company of Street Company	X
	If "Yes," complete Form 4720, Schedule O.			2020 100001	Superior Services
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		<b></b> _		
	•	***************************************	17	55000	
	If "Yes," complete Form 6069.		- FEE 404		Taxabani.

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.

Section A. Governing Body and Management   Veal   Veal   Veal   No.		Check if Schedule O contains a response or note to any line in this Part VI			X
the there the number of voting members of the governing body, of the and of the tax year if there are material differences in voting highs among mainters of the governing body, or the governing body designed broad entherity to an executive committee or similar committee, explain on Schedelio 0.  b Enter the number of voting members included on line 1s, above, who are independent  2 Did any officer, director, rustee, or key employees?  3 Did the organization delegate control over management cluttes customarily performed by or under the direct supervision of efficiers, directors, trustees, or key employees to a management company or other person?  5 Did the organization makes any significant changes to tax governing documents since the poter form \$50 was filled?  4 X  5 Did the organization become aware during the year of a significant changes to tax governing documents since the poter form \$50 was filled?  5 Did the organization have members a ratio children, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholden, or other persons who had the power to elect or appoint one or more members of the governing body?  7a Ar any governing body?  5 Did the organization celentary accompany document tile meetings held or written actions siderlakes during the year by the following:  6 Tax governing body?  6 Did the organization contemporation because the metit significant diversion of the governing body?  8 Tax governing body?  9 Is there any officer, director, frustee, or key comployee listed in Pert VII, Section A, who cannot be reached at the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Each committee with authority to act on behalf of the governing body?  12 Each committee with authority to act on behalf of the governing body?  13 Each committee with the organization have virtue numbers, provide the numbers and addressess on Schodule?  14 Each organization have some the provide t	Sec	tion A. Governing Body and Management			
If time are nateral differences in voling rights among mainters of the governing body, or if the governing body discipled braid authority to an executive committee in similar cannotities, epilan in Schediel 0  10  10  11  12  13  14  14  15  16  16  16  17  17  18  18  18  18  18  18  18  18				Yes	No
body delegated broad authority to an exacutive committee or similar committee, explain an Schedule D.  1 b Enter the number of voting members included on line 1s, above, who are independent.  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 employees to a management duties customarily parlormed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization become swere during the year of a significant charges to its governing documents since the prior Form 990 was filed?  4 J X  5 Did the organization have members, stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of this governing body?  8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of this governing body?  8 Did the organization contemporamently document the meetings held or written actions undertaken during the year by the following:  8 T T Be governing body?  8 Did the organization with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key comployee letted in Pert VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  9 If Ves., "odd the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have written policies and procedures governing the authilities of such chapters, affiliates, and branches to ensure that being because the management of the organization to review this form 990.  10 Did the organization have a written conflict of interest policy? If Na., "go to live 15 mm 990.  10 Did the organization have a written conflict of interest policy?	1a	Enter the number of voting members of the governing body at the end of the tax year 1a6		The latest and the la	
b Enter the number of voiting members included on line 1a, above, who are independent to the control of the competition of officers, director, trustes, or key employee 2 x X X to the organization reflects on the competition of officers, directors, trustes, or key employees to a management company or other person?  2 X X to the organization make any eligificent changes to its governing documents since the prior Form 900 was filled?  4 X X to the organization have members or stockholders or other persons who had the power to elect or appoint one or more inembers of the governing body?  5 Did the organization have members of stockholders or other persons who had the power to elect or appoint one or more inembers of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  5 Did the organization companies by document the meetings held or written actions underface during the year by the following:  6 Ta X X bection B that the governing body?  7 Ta X X bection B. Policies from the competition of the governing body?  8 In these any officer, director, trustes, or rivey employees leaded in Part VII, Saction A, who cannot be reached at the organization's mailing address? If "Yes." provide the numbers and addresses an Schodule O  8 Section B. Policies from Section B requests information about policies not required by the Informatia Bisecurus Cocie.  9 Yes No. 10 Wes officers, 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 is exempt purposes?  10 Did the organization have a written contilect of interest policy? If "No." to fine 1a		If there are material differences in voting rights among members of the governing body, or if the governing	11000000000000000000000000000000000000		
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Persons other than the governing body?   3		more members of the governing body?	7a		X
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a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailting address? /f "Yes." provide the names and addresses on Schedule O  Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.  Yes. No  10a Did the organization have local chapters, brenches, or affiliates?  10f "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 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12c If the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  12c If the organization have a written whistleblower policy?  13c If 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?  13c The organization is a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take steps to safeguard the organization's following persons on Schedule O. See instructions.  13d Did the	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No	9			:	
Section B. Policies This Section 6 requests information about policies not required by the Internal Revenue Code.)    Yes   No   No   No   No   No   No   No   N			9		Х
Ves. No.	Sec				
b   f   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?  11a   Has the organization provided a complete copy of this Form 930 to all members of its governing body before filing the form?  11a   X    12a   Did the organization have a written conflict of interest policy?   f   No,*   go to line 13    12a   Did the organization regularly and consistently monitor and enforce compliance with the policy?   f   Yes,*   describe on Schedule O how this was done    13   Did the organization have a written whistleblower policy?   13   X    14   Did the organization have a written document retention and destruction policy?   13   X    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?    15a   X    16b   Other officers or key employees of the organization   15a   X    16c   Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?    16c   Dif the organization invest in, contribute assets to, or participate on a joint venture or similar arrangement with a taxable entity during the year?    16d   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 in participation in joint venture arrangements?    16d   Yes,* did the organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.    X   Now website   Another's website   X   Upon request   Other (explain on Schedule O)    15d   Describe on Sche				Yes	No
and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  12b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? /f "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Usid the organization regularly and consistently monitor and enforce compliance with the policy? /f "Yes," describe on Schedule O how this was done.  12c Usid the organization have a written whistleblower policy?  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15a The organization's CEO, Executive Director, or top management official  15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  15d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15d 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?  15e Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA, OH  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)s only) available for public inspection. Indicate how	10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If *No.,* go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe on Schedule O how this was done  12b	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.    Did the organization have a written conflict of interest policy?   f*No,* go to line 13   12a   X		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12a	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12c  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filled ▶CA, OH  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  RONAL	b		100 Comments of the Comments o		
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13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
13		on Schedule O how this was done	12c		
14 Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filled ▶CA, OH  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ▼Own website Another's website ▼Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records RONALD CLARK - 310-662-3038	13		13_		X
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X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶         RONALD CLARK - 310-662-3038			- /		
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20 State the name, address, and telephone number of the person who possesses the organization's books and records  RONALD CLARK - 310-662-3038					
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Form	990	(2021)	

SAVE A WARRIOR, INC.

45-5571507

Page **7** 

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

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

Check this box if neither the organization ne	or any related o	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((	2)			(D)	(E)	(F)
Name and title	Average	Ido	not e	Pos	ition	than 4	nno.	Reportable	Reportable	Estimated
	hours per	box	unle	ss pei	rson î	s both	an	compensation	compensation	amount of
	week		cer an	Gad	recto	r/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
1	organizations	truste	Institutional trustee		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	idual	ution	æ	Key employee	est co oyee	la La	ĺ ,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) RONALD CLARK	40.00									
FOUNDER & PRESIDENT		X		X			L	99,615.	0.	5,627.
(2) TIM AGAJANIAN	20.00									
CHAIRMAN		X		Х			<u> </u>	0.	0.	0.
(3) TODD ROBINSON	5.00							_	_	
DIRECTOR		Х				<u> </u>	ļ	0.	0.	0.
(4) LARRY WENDLING	5.00									
TREASURER & SECRETARY		X		X			ļ	0.	0.	0.
			-			<u> </u>				
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										····
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		$\vdash$								

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	1 Hi	ghes	it C	ompensated Employee	s (continued)	<del>,</del>	
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos		າ than ∈	nne	Reportable	Reportable		Estimated
	hours per	box	, unle	ss per	rson i	is both x/trus	an	compensation	compensation		amount of
	week (liet env		oer an	.c a 0	T OCIC	A711US	(CE)	from	from related	- 1	other
	(list any hours for	ndividual trustee or director						the	organization (W-2/1099-MIS		compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		organization
	organizations	ruste	Institutional trustee		9	mpen		1099-NEC)	100011120)		and related
	below	dual	utions	<u>.</u>	Key employee	st co	15				organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			İ	_
		1									
		1									
3.					<u> </u>		L	;;;			
				L_		<u>L</u>					
			<u>L</u>								
		ļ									
					<u> </u>	<u> </u>					
1b Subtotal								99,615.		0.	5,627.
c Total from continuation sheets to Part VI	, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								99,615.		0.	5,627.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	3	_
compensation from the organization											0
•										r	Yes No
3 Did the organization list any former officer,	director, trust	ee, l	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual										з X
4 For any individual listed on line 1a, is the su	•		•						he organization		
and related organizations greater than \$150	),000? <i>If "Yes</i> ,	" co	mple	ete S	Sche	edule	e J f	for such individual		}	4 X
5 Did any person listed on line 1a receive or a	ccrue comper	rsati	on f	rom	any	unre	elate	ed organization or individ	dual for services		of particular control of the control
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or st	ıch ı	oers	on				<u></u>	5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest con</li> </ol>										pensat	ion from
the organization. Report compensation for	he calendar ye	ear e	endir	ng w	ith o	or wi	thin T		ear.		
(A)		2 *	~***	_				(B)	andaea	<u> </u>	(C) ompensation
Name and business	adoress	M	INC	<u> </u>				Description of s	services	- 0	ompensation
										<b></b>	
								N.			
							$\dashv$				
	1 12 2 7		7.	1.1	••			-1			
2 Total number of independent contractors (ii		ot lír	nite	d to		^	sted	above) who received me	ore than		
\$100,000 of compensation from the organiz	zation 🚩					<u>)</u>			*****		Farra <b>990</b> (2021)

Form 990 (2021) SAVE A WARRIOR, INC.
Part VIII Statement of Revenue

Thought Schedule C contains a response or note to any line in this Park VIII  Total revenue  Tot				Chack if Schadula O.c.	onts	ains a	resnor	156.6	r note to any lin	e in this Part VIII			
10   Mambership dises   15   15   16   16   16   16   16   16				Orieck if Ochleddie O	JOITE	anio a	геары	130 C	i rioto to arry ir	(A)	Related or exempt	Unrelated	Revenue excluded from tax under
10   Mambership dises   15   15   16   16   16   16   16   16	2 9	1	l a	Federated campaigns			1a					The state of the s	
Business Code  2 a	TE TH						1b				Control of the contro		
Business Code  2 a	9						10				A Comment of the Comm		
Business Code  2 a	T <sub>A</sub>						-					The second secon	
Business Code  2 a	<u> </u>			<del>-</del>			-		105,151.	The state of the s	The second secon	The state of the s	
Business Code  2 a	Sig			-									
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Business Code  2 a	흡ם		~										
Business Code  2 a	Ϋ́		_							3 946 529			
Section   Sect	<u> </u>		•••	Total, Add since the Higgs				.,			Charles Annual Conference of C		
Section   Sect		-											
g Total. Add lines 2a·2f  3 Investment income (including dividends, interest, and other similar amounts).	Š	-						-					
g Total. Add lines 2a·2f  3 Investment income (including dividends, interest, and other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalties.  6 a Gross rents  6 b Less: rental expenses.  6 b B B B B B B B B B B B B B B B B B B	Le S											-	
g Total. Add lines 2a·2f  3 Investment income (including dividends, interest, and other similar amounts).	Ker.							_					
g Total. Add lines 2a·2f  3 Investment income (including dividends, interest, and other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalties.  6 a Gross rents  6 b Less: rental expenses.  6 b B B B B B B B B B B B B B B B B B B	Be		_										
g Total. Add lines 2a·2f  3 Investment income (including dividends, interest, and other similar amounts).	F.		f	All other program service r	eve	nue		_					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from the sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross income from fundraising events (not including \$ Cost income from fundraising events (not including \$ Cost income from fundraising events (not including \$ Cost income from gaming activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowanones b Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  80 Less: cost of goods sold c Net income or (loss) from sales of inventory  81 Less: cost of goods s									<b>&gt;</b>				
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11 a b c c d All other revenue e Total. Add lines 11a-11d			С	Net income or (loss) from	sales	s of inv	venton	y		The second secon			
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e Total, Add lines 11a-11d	Sce			All other revenue									
	Ξ												
		12								4,157,924.	198,877.	0.	12,518.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members Compensation of current officers, directors, 99,615. 99,615. trustees, and key employees ..... 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 712,808. 505,232. 23,345. 184,231 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 82,907. 82,907. Other employee benefits 1,710. 1,710. 10 Payroll taxes Fees for services (nonemployees): 11 Management 20,238. 10,158. 10,080. Legal 41,795. 20,978. 20,817. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 96,283. 30,138. 29,904. 36.241. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 129,874. 123,559. 269. 6.046. Office expenses 13 Information technology 14 Royalties 15 70,915. 70,915. 16 Occupancy 105,273. 105,273. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 55,389. 52,249. Conferences, conventions, and meetings ..... 3,140. 19 20 Interest Payments to affiliates 21 66,942. 66,942. 22 Depreciation, depletion, and amortization 437. 52,841. 52,404. 23 Insurance Other expenses, Itemize expenses not covered above, (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 193,884. OTHER EXPENSES 193,884. b d e All other expenses 1,730,474. Total functional expenses. Add lines 1 through 24e 1,415,964. 84,415. 230,095. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation, if following SOP 98-2 (ASC 958-720) Check here

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,479,549. 5,110,429. 1 1 Cash - non-interest-bearing 816,832. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 352,439 198,845. 4 Accounts receivable, net Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 38,347. 30,643. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,144,519 basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 137,914. 4,006,605. 3,343,076. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 7,030,243. 9,346,522. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 15,535. 39,054. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 333,334. 333,334. 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 87,652. of Schedule D 460,040. 348.869 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗔 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here lacktriangleand complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0. 30 Paid-in or capital surplus, or land, building, or equipment fund 30 8,997,653. 6,570,203. Retained earnings, endowment, accumulated income, or other funds 31 31 8,997,653. 6,570,203. 32 Total net assets or fund balances 32 7.030.243. 9,346,522. Total liabilities and net assets/fund balances

Form 990 (2021)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990)

**Total** 

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

2021

Open to Public Inspection

Employer identification number Name of the organization 45-5571507 SAVE A WARRIOR, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 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 university: 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. \_\_\_\_\_ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (ii) EIN (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total (e) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1187797. 1660113. 2303826. 5087676. 3858878.14098290. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1187797. 1660113. 2303826. 5087676. 3858878.14098290. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1430202. 12668088. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2019 (e) 2021 (a) 2017 (b) 2018 (d) 2020 (f) Total 1187797. 1660113. 2303826. 5087676. 7 Amounts from line 4 3858878. 14098290. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaities, 6,249 12,093. 12,518. 30,860. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 89.66 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\triangleright$  X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2021

## Schedule A (Form 990) 2021 SAVE A WARRIOR, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u> </u>	qualify under the tests listed be	elow, please comp	lete Part II.)				
	ction A. Public Support						10 T . 1 . 1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					-	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf		:				
5	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	Control of the Contro					
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fil	rst, second, third,	ourth, or fifth tax	year as a section 5	01(c)(3) organization	٦,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	<u>%</u>
Se	ction D. Computation of Inves	tment Income	Percentage			<del> </del>	
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box as						
ŀ	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<b>&gt;</b>

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

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Account of Contrac		
46		
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		Personal Control of the Control of t
5b	comply employed	
5c	Name of the State	
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	Anna Maria	
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8	Company Company Company	
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8	A CONTRACTOR OF THE CONTRACTOR	
8 9a	The second secon	Port of the Control o
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8 9a		Port of the Control o
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8 9a		Conf. Commission
8 9a 9b		The second secon
9a 9b 9c	And the second s	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T
8 9a 9b	And the second s	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T
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9a 9b 9c		
9a 9b 9c		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T
9a 9b 9c	And the second s	

ra	Supporting Organizations (continued)		1	
		170mil X 2000 (32	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	The second secon	The second of th	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	The second secon	1,000,000,000 1,000,000,000 1,000,000,00	
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	The state of the s		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations		Voc	No
	Did the accomplished a mark are of the accompling hady officers eating in their official appealts, or membership of any or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100 100 100 100 100 100 100 100 100 100	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	The second secon	Adjust to the second of the se	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	The second secon	Transfer (Transfer)	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	000000000	*Contractions
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,	The second secon		
	supervised, or controlled the supporting organization.	2	7***********	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	The state of the s		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	The second of th	Proposition of the con-	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Control Contro	Control of the Contro	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	The second secon	The part of the pa	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	John Williams	2000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Comment of the control of the contro	The second secon	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Control of the contro	Telephone and the control of the con	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	a de parte de compa	September
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	The second secon	Carried Indian	
	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			
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		-1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
a	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.	naturatian	al	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test, Answer lines 2a and 2b below.	nstruction	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Control of the Contro	103	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Article Committee	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		to project to the control of the con	700 AND 2010
	how the organization was responsive to those supported organizations, and how the organization determined	A STATE OF THE STA	The state of the s	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
٥	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	A CONTROL OF THE ACT		
	these activities but for the organization's involvement.	2b	ulanderene	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	1000000000		Total Control
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga		13-33/130/ Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	<b>,</b>
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		
	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	100 (100 (100 (100 (100 (100 (100 (100		
	instructions for short tax year or assets held for part of year):	managar ayay ana ba Paray ayang ayan Ayang ayang ayan Tagang ayan ayan Tagang ayan ayan		The state of the s
а	Average monthly value of securities	1a		
	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	The second secon	And the state of t	
	(explain in detail in Part VI):	A man a paging to the state of		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	And the second s	
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	The production of the producti	
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	The second secon	
7	Check here if the current year is the organization's first as a non-function		ted Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

## 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.

2021
Open to Public

Open to Public Inspection

Employer identification number Name of the organization 45-5571507 SAVE A WARRIOR, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	dule D (Form 990) 2021 SAVE A	WARRIOR, I		orical Tre	asures. o	r Othe	r Simila			Page 2
3	Using the organization's acquisition, accessi								COMMINE	<del>3</del> (1)
3	collection items (check all that apply):	on, and other record	ia, Gridon	any or me i	ollowing tha	i illane s	igitiiicaiti	. use or its		
а	Public exhibition		d $\square$	Loan or exc	hange progra	am				
b	Scholarly research				nango progn					
c	Preservation for future generations	•	• 🗀	—— Outloi						
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	nn's exer	nnt nurn	ose in Part	XIII.	
5	During the year, did the organization solicit o	•		-	_					
Ŭ	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									
14700000	reported an amount on Form 990, Par			o garnzano				, , , , , , , , , , , , , , , , , , , ,		
Ta	Is the organization an agent, trustee, custodi		diany for o	contributions	s or other as:	sets not i	included			
	on Form 990, Part X?							_	Yes	□No
h	If "Yes," explain the arrangement in Part XIII									
_								1	Amount	
c	Beginning balance						1c	1		
ď	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						-			
200	t V Endowment Funds. Complete i						10.			
	· · · · · · · · ·	(a) Current year	· · · · · · · · · · · · · · · · · · ·	rior year	(c) Two yea			years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				·					
	Other expenditures for facilities									
_	and programs					İ				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)	) held as:					
а	Board designated or quasi-endowment		%	,	•					
b	Permanent endowment	%								
c	••	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	red for th	e organi:	zation		
	by:								Υ	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fi	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ted	(d) Book v	/alue
		basis (investi	ment)	basis	(other)	de	preciatio	n		
1a	Land			93	6,590.			Control of Control of		,590.
b	Buildings			2,71	0,631.		15,3	359.	2,695,	,272.
С	Leasehold improvements									
	Equipment	i		20	7,276.		94,5			724.
	Other			29	0,022.		28,0	03.		,019.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)			. ▶	4,006,	,605.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SAVE A WARR:	IOR, INC.	45-	-5571507 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			The state of the s
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			1
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		The control of the co	
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			0.00.000
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	E 000 B 0 B 1	- 44 444 O Farm 000 Dat V # 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Dook value
1. (a) Description of liability	1010		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

(7) (8)

4,157

4,157,924

3

4c

5

Sche	dule D (Form 990) 2021 SAVE A WARRIOR, INC.			5571507	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	e per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>1</u>	4,157	<u>,924.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		7 (2000) 1 (200		
а	Net unrealized gains (losses) on investments	2a	Maring a control		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	To come the come of the come o		
d	Other (Describe in Part XIII.)	2d	The state of the s		
e	Add lines 2a through 2d		2e		0.

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.		
1	Total expenses and losses per audited financial statements		-1	1,730,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		The state of the s	
а	Donated services and use of facilities	2a	Variable Control of the Control of t	
b	Prior year adjustments	2b	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Other losses	: I		•
	Other (Describe in Part XIII.)	2d	Company of the compan	
е	Add lines 2a through 2d	***(**)********************************	2e	0.
3	Subtract line 2e from line 1		3	1,730,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	And Comment of the Co	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	A Company of the Comp	
b	Other (Describe in Part XIII.)	45	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)	5	1,730,474.
Pa	rt XIII Supplemental Information.	•		

4b

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

### PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION. ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. MANAGEMENT BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED.

Schedule D (Form 990) 2021	SAVE A WARRIOR,	INC.	45-5571507 Page 5
Part XIII Supplemental Info	ormation <sub>(continued)</sub>	INC.	
- three-manners			
			3
	Control of the Contro		
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THE STATE OF THE S			1000
			·

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

➤ 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.

OMB No. 1545-0047

2021

pen to Public Inspection

Name of the organization

SAVE A WARRIOR, INC.

Employer identification number 45-5571507

Par	til Types of Property		T				
		(a)	(b) Number of	(c) Noncash contribution		(d) determining	
		Check if applicable	contributions or	amounts reported on		ibution amounts	
		аррисавис	items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art · Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods		A construction of the cons				
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	X	1	320,000.	APPRAISED	VALUE	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
	Taxidermy						
21	Historical artifacts						
22							
23	Scientific specimens						
24 25	Archeological artifacts						
25 26	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )  Number of Forms 8283 received by the organize	Lation during	the toy year for a	ontributions			
29	for which the organization completed Form 828						
	for which the organization completed Form 626	oo, ran v, L	onee Acknowledg	ement 29		Yes	No
00	During the year, did the organization receive by	ı contributio	n one proporte ror	parted in Part I lines 1 throug	h 28 that it		Sanggania Sanggania
30a	must hold for at least three years from the date					The second secon	
	-					30a	X
	exempt purposes for the entire holding period?		***************************************			OUA	
	If "Yes," describe the arrangement in Part II.	19 Al L		-f	ilono?	(100 d	X
31	Does the organization have a gift acceptance p				ions?	31	
32a	Does the organization hire or use third parties						v
	contributions?					32a	X
b	If "Yes," describe in Part II.				h. d		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y tor which column (a) is che	cked,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	describe in Part II.						

Schedule M	M (Form 990) 2021 SAVE A WARKLOR, INC. 45-55/15	U/ Page 2_
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the original in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Als this part for any additional information.	rganization o complete
<b>VW</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		

### SCHEDULE O (Form 990)

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

SAVE A WARRIOR, INC.

Employer identification number 45-5571507

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACTIVE-DUTY MILITARY AND FIRST RESPONDERS. WE CONCEIVE, ORIGINATE AND
INVENT INTEGRATED INTENSIVE RETREAT IIR EXPERIENCES TO TRANSFORM THE
WAY OUR HEROES LIVE THEIR LIVES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PRESENTED TO THE BOARD FOR APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD REVIEWS OTHER NON-PROFIT ENTITIES OF SIMILAR SIZE AND SCOPE OF
SERVICE TO DETERMINE THE COMPENSATION FOR ITS EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▼ Attach to Form 990.

2021

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 45-571507 INC. SAVE A WARRIOR,

Part i Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Ξ End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(a)	(q)	(0)	(p)	(e)	<b>(</b>	(b)	(F.)(1.9)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 314(0)(13)	(c) (n)
of related organization		foreign country)		status (if section	entity	entity?	_
				501(c)(3))		Yes	Š
SAW ENDOWMENT FOUNDATION - 87-4014370							
PO BOX 218117	SUPPORT TO SAVE A WARRIOR,				SAVE A WARRIOR,		
COLUMBUS, OH 43221	INC.	онто	501(C)(3)	LINE 12A, I	INC.	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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SAVE A WARRIOR, INC.

Schedule R (Form 990) 2021

Partification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(0)	(p)	(e)	(£)	(6)	(h)	(i)	0)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	동월	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
	Ī									
	<b>T</b>									
	1									
	<b>—</b>									
	1									
	1									
	T									
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable a orporation or trust durin	is a Corpc	ration or Trust. Co	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	on answered "Yes	:" on Form 990, Р	art IV, line 34	I, because it had c	ine or mo	ore related

(a)	(q)	<u>(</u> )	<b>©</b>	(e)		( <del>6</del> )	£	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
	<b>1</b>							
								***
	•							

Schedule R (Form 990) 2021

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Nete: Complete line 4 if any positivite listed in Botte II III or IV of this school-le				Yes	No
Note: Comprete line in any enaity is instead in a table, on your and a solutions to buring the tax year, did the organization engage in any of the following transactions	with one or more rela	: ansactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?	70.00	170000
Beceipt of (ii) interest, (ii) annuities. (iii) rovalties, or (iv) rent from a contr				-Ta	×
Gift grant or capital contribution to related organization(s)				10	×
				9	×
			***************************************	7	×
d Loans or loan guarantees to or for related organization(s)				<b>2</b> ,	<b>!</b> Þ
e Loans or loan guarantees by related organization(s)				<u>Т</u> е	∢
					Control of the contro
f Dividends from related organization(s)		***************************************		<del>+</del>	×
g Sale of assets to related organization(s)				<u>1</u>	×
Purchase of assets from related organization(s)				박	×
				  -  -	×
	***************************************			;	1 >
j Lease of facilities, equipment, or other assets to related organization(s)				- Indicate State of the state o	4
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
	ization(s)			7	×
_	ization(s)			1m	×
	) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-			F	×
Order 19 of racingos, equipment, manning note, or or let account with the contraction (a)	(A)			ç	×
o sharing of paid employees with related organization(s)					
					,
p Reimbursement paid to related organization(s) for expenses				<b>a</b> F	×
Reimbursement paid by related organization(s) for expenses				19	×
				100 mm ( ) () () () () () () () () () () () ()	1000 1000 1000 1000 1000 1000 1000 100
				100 miles	Þ
r Other transfer of cash or property to related organization(s)				1	4
s Other transfer of cash or property from related organization(s)				15	4
s for inform	to must complete this	line, including covered re	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	t involved	
(1)					
(2)					
(6)					
(4)					
(5)					1
(9)			WHENTER		
132163 11-17-21			Schedi	Schedule R (Form 990) 2021	30) 2021

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Schedule R (Form 990) 2021 SAVE A WARRIOR, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

bisproporboration (i)

Dispropor Code V-UBI General or Percentage borate amount in box 20 managing ownership of Schedule K-1 parmer?

Ves No (Form 1065) Yes No end-of-year Share of assets <u>6</u> (f) Share of income total (e)
Are all
partners sec.
501(c)(3)
orgs.? Yes No Predominant income pa (related, unrelated, sections 512-514) | ত (state or foreign Legal domicile country) <u>ق</u> Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	SAVE A WARRIOR,	INC.	45-5571507 Page 5
Schedule R (Form 990) 2021 Part VII Supplemental Inform	mation		
Provide additional informa	ation for responses to questions	s on Schedule R. See instructions.	
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			•
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Addition the state of the state			