### 4990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

	evenue Service		www.irs.gov/Formago for instruction				20
For	the 2023 c	lendar year, or tax year l	peginning	, 2023, and endin		Employer Identi	
Chec	k if applicable	(C			"	82-3982	
$\Box$	Address chan	OPERATION WA	RRIOR RESOLUTION		-	Telephone numb	
Н	Name change	1242 S WASHIN	GTON BLVD PMB 130		15		
Н	Initial return	SARASOTA, FL	34236		<u>_</u>	(941) 5	04-3040
-	Final return/tern	and			1		
-	ł.	1				Gross receipts	
-	Amended ret		principal officer: KENDRA SIMPK	TNS		roup return for subor	
_	Application p	SAME AS C AB		1110	H(b) Are all su	bordinates included tach a list. See ins	1? Yes No
		132 5044 3423	I(c) ( ) (insert no.) 49	47(a)(1) or 527	1 " 110, 2.	20,2,30	
	Tax-exempt st		ARRIORRESOLUTION.ORG		H(c) Group exe	emption number	_
	Website:		1 1 - 1 1 - 1	L Year of formal			egal domicile: FL
	Form of organ	ation.	ust Tubbonition				
Part	I Sur	mary	s mission or most significant activit	ies OPERATION	WARRIO	RESOLUT	ION PROVIDES
0	HEAL	ING RETREATS TO	MILITARY SERVICE MEMB S ALTERNATIVE HEALING	MODALITES	FOR TRAIL	JMA AND O	THER LIFE
띭	RETI						
Governance		SSORS.	anization discontinued its operation	s or disposed of mo	re than 25%	of its net asse	ts.
Š	_						
8		- ( :- demandant voting m	nambers of the noverning body (Fal	( VI, IIIIG ID)			7
es			laund in colondar year 2023 (Pall V	. IIIIE Zal			1 0
ij	- T-1-1	of valuatoors /osti	mate if necessary)				0.
Activities &			a from Part VIII column (C) line 14				0.
-	b Net L	related business taxable	income from Form 990-T, Part I, line	e 11		or Year	Current Year
					File	471,105.	645,239.
	8 Cont	butions and grants (Part \	/III, line 1h)			4/1,103.	045/255.
en l	O Drog	m corvice revenue (Part	VIII. line 2a)		•		
Revenue	10 Inve	ment income (Part VIII, c	olumn (A), lines 3, 4, and 7d)				
æ	11 Othe	revenue (Part VIII, colum	n (A), lines 5, 6d, 8c, 9c, 10c, and	nn (Δ) line 12)		471,105.	645,239.
	12 Tota	revenue – add lines 8 thr	ough 11 (must equal Part VIII, colur de (Part IX, column (A), lines 1-3).	1111 (1 ty) 11110 12911111			
	<b>13</b> Gran	s and similar amounts pa	s (Part IX, column (A), line 4)				
	14 Ben	its paid to or for member	employee benefits (Part IX, column	(A) lines 5-10)		33,121.	59,956.
ø	15 Sala	ies, other compensation,	employee benefits (Fart 17, Column	(ry, mioo o 15)1111		13,334.	35.
Expenses	16a Prof		Part IX, column (A), line 11e)		``	13,331.	
je L	b Tota	fundraising expenses (Pa	rt IX, column (D), line 25)	53,324.		160 107	F27 126
ū		expenses (Part IX, colum	nn (A), lines 11a-11d, 11f-24e)			462,107.	527,136.
	18 Tota	expenses. Add lines 13-1	7 (must equal Part IX, column (A),	line 25)		508,562.	587,127.
	19 Rev	nue less expenses. Subtra	act line 18 from line 12		• •	-37,457.	58,112.
8						of Current Year	End of Year
#	20 Tota	assets (Part X, line 16)			••	132,478.	210,924.
¥.	21 Tota	liabilities (Part X, line 26	),			100.	20,434.
ž.	22 Net	ssets or fund balances. S	subtract line 21 from line 20			132,378.	190,490.
P	art II	gnature Block					
Lio	ter penalties of	eriury. I declare that I have examine	d this return, including accompanying schedules as is based on all information of which preparer h	and statements, and to the b	est of my knowle	dge and belief, it is	true, correct, and
cor	nplete. Declara	on of preparer (other than officer)	is based on all information of which preparer h	as any knowledge.			
_				9	1-14		
Si	gn	ignature of officer	0 1 11 11 11 11	ALIET 5	Date	* 1-J	
H	ere	KENDRA SIMPKINS	منا مملؤ لا تؤلمة ال		PRESIDE	NT & CEO	
		ype or print name and title	A				
		Print/Type preparer's name	Preparer's signature	Palsar	0 5 00	Check if	PTIN
D.	aid	ERIC ROBINSON		MAN	25 20	Check il	P00530910
	reparer	Firm's name ROBINS	ON, GRUTERS, AND ROBER	TS			1-0000000
	se Only		RBOR DR S			Finn's EIN 8	32025632
	· · · · · ·		, FL 34285				32835632
NA-	y the IDC			Mana C		Phone no. 94	1-488-7794
1419	ו באו טונו עו	acras mis remin Mith (U6	preparer shown above? See instru	CUCASA A SECULA	20K		X Yes No

90 (2023) OPERATION WARRIC	JR RESOLUTION	02-3902	294	raye a
Statement of Program Se	rvice Accomplishments			_
Check if Schedule O contains a r	response or note to any line in this Part III			, , , , , ,
the describe the organization's missi	ion:			
SHERY DESCRIBE THE DESCRIPTION AND	EFFECTIVE TREATMENT FOR VETERANS AND	TRANSFORMING	THE	
PROVIDING THMEDIATE AND	UNI HENITU CADE			
APPROACH TO VETERAN MENT	TAL HEALTH CARE.			
		I Was a day		
Did the organization undertake any sign	nificant program services during the year which were not liste	a on the prior		
Form 990 or 990-EZ?	.,,	,.,,,,,,,,,,,,,	Yes	K No
I "Vos " dosoriba lhase new services o	on Schedule O.		_	_
ni 165, describe another conduction	, or make significant changes in how it conducts, any program	services?	Yes }	( No
If "Yes," describe these changes on So	chedule O	_		
		services, as measure	d by expen	ses.
Describe the organization's program so Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	INAMONIS are required to report the arriver.	tions to others, the to	otal expens	ses,
	AD C. EDD. including grants of S	) (Revenue \$		)
(Code:) (Expenses \$	426, 582. including grants of \$		THEY AT	TEND
OWR PROVIDES HEALING RE	ETREATS TO MILITARY SERVICE MEMBERS AND	S FOR TRAILMA		
A 4-5 DAY RETREAT THAT	PROVIDES ALTERNATIVE HEALING MODALITIES	D_101(_11010111	TM15_ 3 =	
LIFE STRESSORS.				
4b (Code: ) (Expenses \$	including grants of \$	) (Revenue \$		)
4b (Code:) (Expenses \$		_		
	2 to steer and the	) (Revenue \$		)
4c (Code: ) (Expenses \$	\$ including grants of \$			
4d Other program services (Describe	on Schedule O.)			
(Expenses \$	including grants of \$ ) (Reven	ue \$	)	
4e Total program service expenses	Created With Tiny Scanner			
BAA	TEEA0102L 08/23/23		Form 9	990 (2023)
	I DELTO I DEL DOI ESTES			

## art IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	_	Ye	s No
-	Sylicana 122111, 111111111111111111111111111111	- 1	);	(
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2		X
	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	1	T	V
	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.	3	$\dagger$	X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	-		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			1964
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		<u>X</u>
	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		х
	e 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	111		x
1	2a 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		х
1	3 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
1	4a 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.	146		Х
1	5 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		Х
1	6 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		<u>x</u>
1	7 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		<u>x</u>
1	8 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		<u>x</u>
1	9 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
2	20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
0		_		

990 (2023) OPERATION WARRIOR RESOLUTION

Art IV Checklist of Required Schedules (continued)

			Yes	s No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> 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		Х
1	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		х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
2	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).			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"			·
	complete Schedule L, Part IV	28c		$\frac{X}{X}$
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>х</u>
	31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
	34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		х
	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		$\frac{x}{X}$
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u></u>
	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		<u>х</u>
	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	х	
	Part V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V.			$\prod$
	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?  BAA  TEFA0104L 08/23/23	1c	Х	
	1 LL-DU (ML 10)(2)(2)	-		

OPERATION WARRIOR RESOLUTION

Statements Regarding Other IRS Filings and Tax Compliance (continued)

art v		Juliente vieg				Yes	TALE
				İ		res	No
2a E	nter th	ne number of employees reported on Form W-3, Transmittal of Wage and Tax State- filed for the calendar year ending with or within the year covered by this return	2a	1			Anna (mari
m	ienis,	ast one is reported on line 2a, did the organization file all required federal employment		turns?	2b		X
יו פ	at icc	organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
3a D	id the	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
b II	"Yes,"	has it filed a Form 990-1 for this year? It into to the 50, provide an explanation on schedule 0			35		
f	inanci	time during the calendar year, did the organization have an interest in, or a signature of all account in a foreign country (such as a bank account, securities account, or other fin	ancia	account)?	4a		X
b	f "Yes	s," enter the name of the foreign country		- (FDAD)			
	See ir	astructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final	ancial	Accounts (FBAR).			X
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax	year?		5a		<u>X</u>
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter	trans	saction?	5b 5c	-+	
С	If "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			oc		
6a	Does solici	the organization have annual gross receipts that are normally greater than \$100,000, and any contributions that were not tax deductible as charitable contributions?	d did	he organization	6a		<u>X</u>
b		es," did the organization include with every solicitation an express statement that such coax deductible?	ntribu	tions or gifts were	6b		
7	Ora	anizations that may receive deductible contributions under section 170(c).					- Orași
· '.			rtly fo	r goods and	7a	$\dashv$	X
					7b	-+	<u>~</u>
	b If "	res, did the organization notify the donor of the value of the goods or services provided?		required to file	- /6	$\rightarrow$	
		the organization sell, exchange, or otherwise dispose of tangible personal property for whim 8282?	CIIII	vas required to me	7c		X
		the state of the same 9282 filed during the year	/0				1
	-		eneni	Contract	7e		X
	e Dic	If the organization receive any fullos, directly of indirectly, to per personal bene- tif the organization, during the year, pay premiums, directly or indirectly, on a personal bene-	fit con	tract? [	7f		X
		and the organization of the property and the organization	I IIIE I	01111 0033	-	-	
					7g	-	
	h If	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the corm 1098-C?			7h		
	0 3	ponsoring organizations maintaining donor advised fullus. Did a dollor advised returning the year?			8	$\dashv$	
					9a	-	
					9b	-+	
	b D	old the sponsoring organization make a distribution to a donor, donor advisor, or related personal	on?				i
							-
		A specific contributions included on Part VIII, line 12	10b				7
	ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club labilities *****					-
	11 5	Gross income from members or shareholders	11a				*
	a (	Gross income from members or shareholders					
	h (	Gross income from other sources. (Do not liet amounts due of part	1 11b	1	12a	-	
		and the state of t	12b				
	b	If "Yes," enter the amount of tax-exempt interest received of accross daming the					
	13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		
		- " to additional information the ordanization must report on constant	-				
		Note: See the instructions for additional information to be granization is required to maintain by the states in	1	1			
	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	136				
					14a		X
		720 to report these navments? If "No," provide all explanation of		,0010 0 1111111	14b		
	b				15	1	х
		excess parachule payment(s) during the year (1					X
	16	Is the organization an educational institution subject to the section 4968 excise tax on her in	vestm	ent income?	16	-	1
		If "Yes," complete Form 4720, Schedule O.	in any	activities that would		+	<del>                                     </del>
	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage result in the imposition of an excise lax under section 4951, 4952, or 4953?			17	+	-
		If "Yes," complete Form 6069.			For	m 990	(2023)

1990 (2023) OPERATION WARRIOR RESOLUTION 82-3982294 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ......
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 7 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 4 Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?..... X 6 Did the organization have members or stockholders?.... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7a members of the governing body?.... b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12h ..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 120 Schedule O how this was done..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 14 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? X 15a X 15b 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 X 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?..... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 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. Other (explain on Schedule O) Upon request Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

SEE SCHEDULE O the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. KENDRA SIMPKINS 242 S WASHINGTON BLVD #110 SARASOTA FL 34236 (941) 504-3040

Form 990 (2023)

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	DOY.	imles	COA	tion nore	े हैं में Highest compensated के हैं amployee	20 1	(D) Reportable compensation from the organization (W-2.1099- MISC/1099-NEC)	(E) Reportable Compensation from related organizators (W-2/1999- MISCOTOPPAEC)	(F) Estimated amount of other compensation from the organization and related compensations.		
(1) KENDRA SIMPKINS	0											
PRESIDENT & CEO	0			Х				51,409.	0.	0.		
(2) LINDA ANN REMLEY	0											
SECRETARY	0	Х	_				_	0.	0.	0.		
(3) ERIC ROBINSON TREASURER	0	X						0.	0.	0.		
(4) FIONA MCFARLAND	0	^	$\vdash$		$\vdash$			0.	0.	<u> </u>		
DIRECTOR	16	X						0.	o.	0.		
(5) EDWARD CADEN	0	1										
DIRECTOR	0	X						0.	0.	0.		
(6)												
<u></u>												
(8)												
(9)												
(10)												
(1)												
(12)												
(13)		-										
(14)												

TEEA0107L 08/23/23

6	90 (2023) OPERATION WARRIOR RESOL	UTION	16.00						d Highast Ca	82-398229	94	F	Page 8
Art	90 (2023) OPERATION WARRIOR RESULTING Section A. Officers, Directors, Translation	ustees,	Key	Er	npi	oye	es,	an	a Hignest Co	mpensated Em	ploye	es (d	ontinued
	(A) Name and title	(B) Average	box.	unles	Pos nock	rson i	than o s both r/trusto	an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from		(F) nated ar	mount r
		por wook (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	the	ensatioi organizi nd relati ganizatio	n from ation ed
(15)_													
(16)_								IF.					
(17)_													
(18)_													
(19)		<del> </del>						1					
(20)			-										
(21)			-				-1 -						
(22)			-										
(23)			-										
(24)													
(25)			-										
16	Subtotal							• •	51,409. 0.	0.			0.
2	Total from continuation sheets to Part VII, Sect								51,409.	0.			0.
2	Total number of individuals (including but not lin	mited to th	ose I	isted	abo	ove)	who	rece	eived more than \$1	00,000 of reportable	comp	ensati	on
	from the organization 0											Yes	No
3	Did the organization list any former officer, dire on line 1a? If "Yes, "complete Schedule J for su	CITITIOIVIUL	<i>iai.</i>								3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	ת וומוו זפו	DU.U	uu:	"	ı cə.	COIL	$p_i = i$	C CCITCODIC D IO.	om 	. 4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y		nentic	n fr	om :	2011	inral	atad	Lorganization or in	dividual	. 5		X
Sec	ction B. Independent Contractors	neated inc	lonon	den	LCO	atrac	tors I	ihai	received more tha	n \$100.000 of			
	compensation from the organization. Report co	mpensauo	n for	the	cale	ndaı	year	r en	(B)	)	ax year Comp	C)	
	Name and business ac	idress							Description of	of services	Comp	21150111	
_													
_													
2	Total number of independent contractors (inclustation) 100,000 of compensation from the organization		ot lim	ited	to t	hose	liste	ed al	bove) who receive	d more than			
BAA		n 0	/ilele	2010	RII IO	N 2 R/2	80	ar	nor		For	m 990	(202

82-3982294

1990 (2	023)			MINICITOR	I/DOOD!
Art VIII	State	ment c	of Rev	enue	

			4	<b>-</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
	ederated campaigns					V			
b M	lembership dues		1	b				1	
c F	undraising events		1	С					
d R	Related organizations		1	d	, .				
e G	overnment grants (contrib	utions).	1	е					
S	Il other contributions, gifts imilar amounts not include	ed above		If 64	5,239.	s recognized of			
3	Noncash contributions incluines 1a-1f		1	lg					
	Fotal. Add lines 1a-11					645,239.			-
					ss Code	043,239.			
2a									
b									
c				-					
4								***************************************	
1	All other program se	rvice r	evenue						
1	Total. Add lines 2a-2					2	4	e ç e	
1-	Investment income (								
3	other similar amoun								
4	Income from investr								
5	Royalties					1			
	[		(i) Real		Personal	The Root of the part			
6a	Gross rents	6a			V			× 1	
ь	Less: rental expenses	6b				2 2 7			-
		6c				1			
d	Net rental income o	r (loss)	)						
	Gross amount from		(i) Securiti		ii) Other		*,		
/ 4	sales of assets						2		
۱,	other than inventory Less: cost or other basis		<u> </u>		1			- 1	1
"	and sales expenses	7b					*		7
0	Gain or (loss)	7c				7	111-		
c	Net gain or (loss)				******				
8a	a Gross income from fundr	raising ev	vents				199		1
!   "	(not including \$			-					
2	of contributions reported			1_1		\$1.44 No.			
:	See Part IV, line 18			8a		-		-	and the second
	b Less: direct expens	es		8b					
5   0	c Net income or (loss	s) from	fundraisi	ng events	******				
	a Gross income from gami See Part IV, line 19			9a			* ***		-
	b Less: direct expens	ses		9Ь					
-   -	c Net income or (loss	s) from	gaming a	activities			5		1
10	a Gross sales of inventory,	, less		10a					
- 1	returns and allowances.			10b		1		4	
	b Less: cost of goods	5 SOIU .	color of						
	c Net income or (loss	s) irom	30103 01	Busir	ess Code			7	
311	a								
2	D								
Revenue	C								
	d All other revenue.				1.1.4.7**	T: 0			
	e Total. Add lines 11			<del>:reate</del>	e vvit	645, 235.	anner <sub>0.</sub>	0,	0

390 (2023) OPERATION WARRIOR RESOLUTION SITIX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a res	ponse or note to any I	ine in this Part IX	из сотрівів сошті (А	). 
Do no	at include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1 9	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				-
_ (	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			£4.	
	Benefits paid to or for members		* 1		
,	Compensation of current officers, directors, trustees, and key employees	51,409.	17,136.	17,137.	17,136.
•	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
-	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	; î :	,		
9	Other employee benefits		0.040	2 940	2,849.
10	Payroll taxes	. 8,547.	2,849.	2,849.	2,043.
11	Fees for services (nonemployees):	41,957.	13,985.	13,986.	13,986.
	Management	23,356.	13,703.	23,356.	
	: Accounting	2,832.		2,832.	
	Lobbying	2,0021			
	Professional fundraising services. See Part IV, line 17	35.			35.
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	1,878.		1,878.	
10	(A), amount, list line 11g expenses on Schedule 0.)	18,095.	, v		18,095.
	Office expenses	25,303.	10,971.	14,332.	
13 14	Information technology	431.		431.	
15	Royalties				
16	Occupancy	10,015.	9	10,015.	
17	Travel	9,191.	6,753.	2,438.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	en y			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22		10,169.		10,169.	
23 24	au serior ovnences not				
		149,593.	149,593.		
	RETREATS THERAPY - CONTRACTED	99,032.	99,032.		
	PROGRAM DEV/CLINICAL OFFICER	59,235.	59,235.		
1	CITY OF MANATEE PROGRAM EXP	15,950.	15,950.		1 202
	e All other expenses SEE SCHO	60,099.	51,078.	7,798.	1,223.
25	Total functional expenses. Add lines 1 through 24e	587,127.	426,582.	107,221.	53,324.
_	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	1 - 1 \ A / \ 1			
BAA		ITEC VILLAGIIOL DE	ny Scanner		Form 990 (2023

irt /	-	Check if Schedule O contains a response or note to	any line in	this Part X			
	`				(A) Beginning of year		( <b>B)</b> End of year
_	<u>Ca</u>	ish - non-interest-bearing			121,839	. 1	192,089
1	_	avings and temporary cash investments		.,		2	
2	- D	edges and grants receivable, net				3	
3	PI	counts receivable, net				4	
4				The state of the s		<del>  `</del>	1
5		pans and other receivables from any current or forme ustee, key employee, creator or founder, substantial o ontrolled entity or family member of any of these pers			5		
١.	6 Lo	oans and other receivables from other disqualified pe	rsons (as c	defined under	15 1912 0 6	-	
	se	ection 4958(f)(1)), and persons described in section 4	958(c)(3)(l	B <u>)</u>		6	
	7 N	lotes and loans receivable, net				7	
1		nventories for sale or use				8	
1		Prepaid expenses and deferred charges			9,640.	9	14,427.
1			1 1	PC .			
1	10a L	and, buildings, and equipment: cost or other basis.	102	4,897.			
	L 1	Less: accumulated depreciation	10h	489.	999.	10c	4,408.
	ום	Investments — publicly traded securities	100			11	2) 1001
- 1		Investments — publicly traded securities				12	
- 1						13	
1		Investments - program-related. See Part IV, line 11				14	
1		Intangible assets.				15	
1		Other assets. See Part IV, line 11			122 470	16	210,924.
- 1	16	Total assets. Add lines 1 through 15 (must equal line			132,478.	"	210, 324.
-	17	Accounts payable and accrued expenses				17	
- 1	17 18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete Part I	V of Sched	ule D		21	
Ę.	22	Loans and other navables to any current or former off	icer, directo	or, trustee,			
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu	utor, or 35%	- · · · · · · · · · · · · · · · · · · ·		22	
Ľа		controlled entity or family member of any of these per	sons			23	
	23	Secured mortgages and notes payable to unrelated the	ira parties			24	
	24	Unsecured notes and loans payable to unrelated third					
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	plete Part	X of Schedule D	100.	25	20,434.
	26	17.0			100.	26	20,434.
		Organizations that follow FASB ASC 958, check here			* * * * * * * * * * * * * * * * * * * *		
8		and complete lines 27, 28, 32, and 33.	_	1			
an	27	Net assets without donor restrictions			132,378.	27	190,490.
Bal	28	Net assets with donor restrictions		<u></u> <u>.</u>		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipn	nent fund			30	
SS	31	Retained earnings, endowment, accumulated income	, or other fu	ınds L		31	100 100
Ą	32				132,378.	32	190,490.
Se	33	Total liabilities and net assets/fund balances			132,478.	33	210,924.
B			TEEA0111L	08/23/23			Form 990 (2023)

	82-	-3982	294	ļ	Page 1
	790 (2023) OPERATION WARRIOR RESOLUTION 82-				
A	I The state of the				
	-1 Ded VIII column (Δ) line 12)	1 1		645	239.
1	- Load IV column (Δ) line (Σ)			587,	127.
2	Total expenses (must equal Part 1X, column (X), line 25, column (A))  Revenue less expenses. Subtract line 2 from line 1	3		58,	112.
3	Revenue less expenses. Subtract line 2 from line 1	4			378.
4	Net assets or fund balances at beginning of year (must equal 1 art X), who say	5			
5	Net unrealized gains (losses) on investments	6			
6	Net unrealized gains (losses) on threatments.  Donated services and use of facilities	1 7 T			
7	Investment expenses	8			
8	Investment expenses  Prior period adjustments	9			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	-			
10	Other changes in het assets of fund balances (expenditure of the property of t	10		190,	<u> 490.</u>
D.	A VII   Financial Statements and Reporting				
1.0	Check if Schedule O contains a response or note to any line in this Part XII.	<u></u>			11
_	Check it Schedule of Contains a response of			Yes	No
0	1 Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		. 2a		Х
	on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	00.3			
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviews	OII a			1
	Consolidated basis   Bottl Consolidated and Soparette	,	. 2b		X
	b Were the organization's financial statements audited by an independent accountant?	:			
	If "Yes," check a box below to indicate whether the financial statements to the year that have been basis, or both.				PACE ARM A COM
	Separate basis   Consolidated basis   Both consolidated and separate the first separate basis	e audit,			
	Consolidated basis Consolidated		. 2c		
3	changed either its oversight process or selection process daming				
	on Schedule O.  2. As a result of a federal award, was the organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo an audit or audits as set form in the Organization required to undergo and organization required	niform	. 3a		Χ_
	Guidance, 2 C.F.R. Fair 200, Supplied the require	eo audit	. 3b		
			Form	990 (	2023)
	BAA				

# CHEDULE A

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2023

Open to Public Inspection

Employer Identification number

OPERA	ATION WARRIOR RESOLU					82-3982294	[			
Part I		y Status. (All orga	anizations must co	mplete	this p	art.) See instruction	is.			
The org	anization is not a private foundal	lion because it is: (Fo	or lines 1 through 12, ch	eck only	one bo	x.)				
1										
2	A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	(.(09						
3	A hospital or a cooperative ho	spital service organiz	ation described in secti	on 170(l	)(1)(A)(	iii).				
4	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:									
5 [	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local gove									
7	An organization that normally in section 170(b)(1)(A)(vi). (C	receives a substantia complete Part II.)	al part of its support from	n a gove	rnmenta	I unit or from the genera	al public described			
8	A community trust described in	in section 170(b)(1)(A	)(vi). (Complete Part II.)							
9	An agricultural research organ or university or a non-land-gr	ant college of agricult	ure (see instructions). E	nter the	name, c	unction with a land-gran city, and state of the coll	t college ege or			
10						ons, membership fees, a	and gross receipts			
10	investment income and unrel	ated business taxable	income (less section 51 art III.)	1 tax) fr	om busi	nesses acquired by the	ipport from gross organization after			
11	An organization organized an	nd operated exclusively	y to test for public safety	. See s	ection 5	09(a)(4).	o nurnoses of one			
12	An organization organized and or more publicly supported or lines 12a through 12d that de	ganizations described	ווו שבכנוסוו ששלעיליי	d compl	ata lines	12e 12f and 12g.				
a	Type I. A supporting organization(s) the power to complete Part IV, Sections A	ation operated, superv regularly appoint or el and B.	lect a majority of the dire	ectors or	trustees	s of the supporting organ	ing control or			
Ь	management of the supporting	ig organization vested	Till the barrie persons							
С	organization(s) (see instruction	ons). Tou must comp	icto ( Entry			it and arganizat	ion(s) that is not			
d	Type III non-functionally integrated. The o	grated. A supporting or organization generally	must satisfy a distribution	on requir	ement a					
e	Check this box if the organiza	ation received a writte	n determination from th	e IRS tha	et it is a	Type I, Type II, Type II	1 functionally			
f	Enter the number of supported C	organizations								
g	Provide the following information	about the supported	organization(s).			(v) Amount of monetary	(vi) Amount of other			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizal in your go docum	overning	support (see instructions)	support (see instructions)			
	_	,		Yes	No					
(A)										
10000										
<u>(B)</u>										
<u>(C)</u>										
(D)										
(E)										
Total		The second section of the section of the section of the second section of the section of t								

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.)

Secti	on A. Public Support	,							
Calen	dar year (or fiscal year ning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				_				
	The value of services or facilities furnished by a governmental unit to the organization without charge								
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)					· ·	<u> </u>		
6	Public support. Subtract line 5 from line 4					50° 8			
Sec	ction B. Total Support								
Cal	endar year (or fiscal year linning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.								
9	turnumentated								
10	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		- Investigated	,		12			
12									
13	organization, check this box and	a Stop here		third, fourth, or fir	in tax year as a s				
Se	ction C. Computation of P	ublic Support	Percentage	no 11 column (f)			%		
14	Public support percentage for 2  Public support percentage from	023 (line 6, columi	n (t), divided by iii	rie 11, column (1)		15	%		
15							this box		
16	a 33-1/3% support test—2023. If the and stop here. The organization	he organization di qualifies as a put	d not check the basicly supported or	ox on line 13, and	inine 14 is 55-175		shock this hox		
	o 33-1/3% support test—2022. If the and stop here. The organization	i qualifies as a par	Directly Depth -	_					
	17a 10%-facts-and-circumstances test–2023. 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–2022. 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check the	ilis box and see ii	istraction of the control of the con		
						Scher	lule A (Form 990) 2023		

Art III Support Schedule for Organizations Described in Section 509(a)(2)

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

ection	n A. Public Support						
alendar v	ear (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
4 Gif	is grants contributions.						
່ລກ	d membership fees eived. (Do not include						
an	y "unusual grants.")	95,036.	129,988.	367,761.	468,886.	644,332.	1,706,003.
2 Gr	oss receipts from admissions,				,		
me	erchandise sold or services						
pe	rformed, or facilities rnished in any activity that is		1				
re	lated to the organization's						•
ta	x-exempt purpose						0.
3 G	ross receipts from activities			-			
th	nat are not an unrelated trade r business under section 513.						0.
	ax revenues levied for the						
0	rganization's benefit and					,	
e	ither paid to or expended on				1		0.
_ [	Is behalf						
	acilities furnished by a			-			
	novernmental unit to the			v → +:	-		0.
	organization without charge	25 226	100 000	367,761.	468,886.	644,332.	1,706,003.
6	Total. Add lines 1 through 5	95,036.	129,988.	301,101.	400,000.	0,002.	
7a	Amounts included on lines 1, 2, and 3 received from					0	400.
	disqualified persons	0.	400.	0.	0.	0.	400.
h	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		0.	0.	0.1	0.	0.
	for the year	0.	400.	0.	0.	0.	400.
c	Add lines 7a and 7b	0.	400.	<del></del>			
8	Public support. (Subtract line 7c from line 6.)		, , , , , , , , , , , , , , , , , , ,	1 - 8 - 1 - 1	6	*.	1,705,603.
	tion B. Total Support	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler	ndar year (or fiscal year beginning in)  Amounts from line 6	95,036.	129,988.	367,761.	468,886.	644,332.	1,706,003.
9	Gross income from interest, dividends,	33,030.	200/0000				
10	nauments received on securities loans.						_
	rents, royalties, and income from						0.
	unrelated business taxable						
	income (less section 511				,		
	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11							
• • •	activities not included on line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						
12	gain or loss from the sale of						_
	capital assets (Explain in						0.
12	Part VI.)			265 563	460 006	644,332	1,706,003.
13	10c, 11, and 12.)	95,036.	129,988.	367,761	. 468,886.	ection 501(c)(3)	. 1, 100,000.
14	10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	ith tax year as a s	600000000000000000000000000000000000000	📙
	ornanization, theth this box and	Stop Here		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Sec	ction C. Computation of Pu Public support percentage for 20	DIIC Support	- (D. dividad by lie	ne 13 column (f)	)	15	99.98 %
15	Public support percentage for 20	23 (line 8, colum	n (t), divided by in	16 15, 60101111 (1)	,	16	0
16	Public support percentage for 20	2022 Schedule A.	Part III, line 15.				
Sec	dia - D. Cammudatian of Inc	vactment Inco	me Percentac	16			0.00 %
17	Investment income percentage f	or 2023 (line 10c.	column (t), divide	ed by line 13, col	umn (1))		0.00 %
18		2022 Schode	Δ Part III line	17			
19			i'd I -b-all tha b	av an line 1/1 ar	ad line in is more	111an 33.1/3 %, at	nd line 17
t	- 22 1/20/ 444- 0000 1/4	he erenization d	lid not chack a hor	k on line 14 or lir	ne 19a, and line i	o is more man of	1.112 10' alia
	line 18 is not more than 33-1/3% Private foundation. If the organic						
20	Private foundation. If the organi	zation did not che	CK-S-SUX-OH HINE II	ואומה ומלימנו יוהו	PRINCER HAMBINDOX GITC	i dec manuchond	

(Complete only if you checked a box on line 12 of 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.)

on A. All Supporting Organizations		<b>_</b>	
		Yes	No
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.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	er (march et en	
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.	3b		
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.	3c	The water part to	
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.	4a		
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.	4b		
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.	4c		
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).	52		
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?	51	+-	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5	c	$\dashv$
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 the filing organization's supported organizations? If "Yes," provide detail in Part VI.	of 6	anna airi dan	
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).		В	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified personal 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.	ons,	9a	
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.	1	9b	
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.	-	9с	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regal certain Type II supporting organizations)? If "Y answer line 10b below.	rding es,	10a	
<ul> <li>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.)</li> </ul>	,	10b	and grown and grown the grown and grown and grown the grown the grown the grown to the grown the

A LA (FUILLE 330) LOLD	-3982294		Page 5
art IV   Supporting Organizations (continued)		Tv.	s No
All in the second secon		Ye	5 NO
Has the organization accepted a gift or contribution from any of the following persons?	a bolow		277 (1962)
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c the governing body of a supported organization?		_	_
<b>b</b> A family member of a person described on line 11a above?	11	D	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	110		
Section B. Type I Supporting Organizations		1	Τ
	_	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers.	more es		
during the tay year	l l		Í
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s	ich		
2 Did the organization operate for the benefit of any supported organization other trial the support that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing su that operated, supervised, or controlled the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
benefit carried out the purposes of the supported organization, supporting organization.			
Section C. Type II Supporting Organizations		Yes	No
		res	NO
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).	of the		
Section D. All Type III Supporting Organizations	,	Yes	No
the fifth month of the	, -	-	
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta organization's tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, to the extent not previously provided? organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization(s), or (ii) serving on the governing body of a supported organization(s), the organization maintained a close and continuous working relationship with the supported organization(s).		-	
By reason of the relationship described on line 2, above, did the organization's supported organizations have a since in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations play in this regard.	yed 3	ale and a second	المراجعين الم
	e instructions	).	
1 Check the box next to the method that the organization used to satisfy the integral.			
The organization satisfied the Activities Test. Complete line 2 below.			
The second of each of its supported organizations. Complete line 3 below.			
b The organization is the parent of each of its supported argumental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instr	uctions	IJ.
Land 2h helaw	_	Ye	
the avampt ourroses of the	е		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those sup supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those sup organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsively furthered their exempt purposes, how the organization was responsively furthered their exempt purposes.	as I-		
organizations and explain how these activities directly furthered their exempt purposes, now the organizations are sponsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		2a	_

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in a troot he mile they be the organization in this regard.

BAA

Jule A (Form 990) 2023 OPERATION WARRIOR RESOLUTION		82-3	3982294	Page 6
Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiza	ations		
Check here if the organization satisfied the Integral Part Test as a qualifying trainstructions. All other Type III non-functionally integrated supporting organization	ust on No ions must	v. 20, 1970 (explain in complete Sections A	Part VI). <b>See</b> through E.	· .
Section A - Adjusted Net Income	(A) Prior Year	(B) Curren (option		
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			- 1
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			
Section B - Minimum Asset Amount	,	(A) Prior Year	(B) Current (optional	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1 2			and the second
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d		-	
e Discount claimed for blockage or other factors (explain in detail in Part VI):				-
2 Acquisition indebtedness applicable to non-exempt-use assets	3			
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			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6			
6 Multiply line 5 by 0.035.	7			
7 Recoveries of prior-year distributions	8			
8 Minimum Asset Amount (add line 7 to line 6)	-   0		2	
Section C - Distributable Amount		Yaye a salah s	Current \	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1 2			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.	5		+	
5 Income tax imposed in prior year			+	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally in (see instructions).	ntegrated		ganization	m 990/ 202

Schedule A (Form 990) 2023

A (Form 990) 2023 OPERATION WARRIOR RE			2-398	12294 129
art V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	ns(continued)	<del></del>	Current Year
ection D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2 Amounts paid to perform activity that directly furthers exempt purpo		zations,		
in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
= - 1 distributions Add lines 1 through 6			7	
Total annual distributions. Add lines i through o.     Distributions to attentive supported organizations to which the organizations to which the organizations.	nization is responsive (p	rovide details		
in Part VI). See instructions.			8	
9 Distributable amount for 2023 from Section C, line 6			+	
10 Line 8 amount divided by line 9 amount			10	(iii)
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2023	ions	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	-+	
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.		7 7 7 7 7	-	
3 Excess distributions carryover, if any, to 2023				
a From 2018				
<b>b</b> From 2019		V 1 4		
c From 2020				9
<b>d</b> From 2021		* * * * * * * * * * * * * * * * * * *		
e From 2022		4		
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
J Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			.4	
4 Distributions for 2023 from Section D,		Y 11		
a Applied to underdistributions of prior years	)			
b Applied to 2023 distributable amount				
c Remainder, Subtract lines 4a and 4b from line 4.				-
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.		1		
8 Breakdown of line 7:	i grana			
a Excess from 2019	7			
b Excess from 2020	n = 1, ' .			ļ
c Excess from 2021		*	1, 1	
d Excess from 2022	2 2 2 1 1			

BAA

e Excess from 2023 .....

Schedule A (Form 990) 2023

art VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## orm 990) Amend of the Treasury Amendal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2023

Open to Public Inspection

Employer identification number

#### OPERATION WARRIOR RESOLUTION

EKAI			82-3982	294	
rt I	Organizations Maintaining Donor Advised Funds or Other Similar Complete if the organization answered "Yes" on Form 990, Part IV	r Funds ', line 6.	or Accounts		
	(a) Donor advised funds		(b) Funds and ot	her accounts	
Tota	al number at end of year				
	egate value of contributions to (during year)				
Agga	regate value of grants from (during year)				
Ag	gregate value at end of year				
are	I the organization inform all donors and donor advisors in writing that the assets held in does the organization's property, subject to the organization's exclusive legal control?			Yes	No
Die for irr	d the organization inform all grantees, donors, and donor advisors in writing that grant fund charitable purposes and not for the benefit of the donor or donor advisor, or for any other spermissible private benefit?	purpose c	onferring	Yes 🗌	No
art I	Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.			
1 P	urpose(s) of conservation easements held by the organization (check all that apply).		nistorically import	ant land area	
Γ	The state of the second of equipment of equi	tion of a n	ertified historic s	tructure	
t	Protection of natural habitat	mori di a C	CIBRO INSCINCT		
1	Preservation of open space	the form r	of a conservation	easement on	the
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form c	7 4 601.501.151.15		
١	ast day of the tax year.		Held at the E	nd of the Tax	Year
	Total number of conservation easements	2a			
	to the conconcition excements				
b	Total acreage restricted by conservation east-field historic structure included on line 2a  Number of conservation easements on a certified historic structure included on line 2a	2c			
			.1		
d	Number of conservation easements included on line 2c acquired after July 25, 2000, and the historic structure listed in the National Register.	2d	ereapization du	ring the	
-	a historic structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the	organization du	ang and	
	F 2.222				
4	- and the second of the second	ndling of v	violations		
_	Does the organization have a written policy regarding the periodic monitoring, was			Yes	No e vear
6	Staff and volunteer hours devoted to monitoring, inspecting, rianding of violations	-		into during a	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conserva	tion easements	during the ye	ar
	Does each conservation easement reported on line 2d above satisfy the requirements of sec	tion 170(h	)(4)(B)(i)	lγes Γ	No
8	and section 1/0(n)(4)(b)(ll)?		t-tnt and	halance she	ا∟ at and
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue an include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.				for
	t III Organizations Maintaining Collections of Art, Historical Treasure	. ,			art .
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or research 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 state historical treasures, or other similar assets held for public exhibition, education, or research				de the
	- Selected on Form 990 Part VIII line 1		٠.٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		
	and a standard in Form 990 Part X				
	If the organization received or held works of art, historical treasures, or other similar assets	for financ	cial gain, providi		
	and an Form 990 Part VIII line 1				
h	Assets included in Form 990, Part X.  For Pangroverk Reduction Act Notice, see the Instructions for Form 990.  TEEA33		.,	3	
	TEEA33	1011 07/20/2	23 Sche	dule D (Forn	1 990)

O (Form 990) 2023 OPERATI	ON WARRTOR	R RESOLUTION		82-398	2294	Page
Organizations Maintain	ng Collection	s of Art, Histori	ical Treasures, or C			ed)
Using the organization's acquisition, items (check all that apply).	accession, and o	other records, check	k any of the following th	nat make significant use	of its colle	ction
Public exhibition		d $\square$ Loan or	exchange program			
Scholarly research		e Other	,			
Preservation for future generation	ins	• П - · · · ·				
Provide a description of the organiza	ation's collections	s and explain how t	hev further the organiza	tion's exempt purpose	in	
D-+ VIII						
During the year, did the organization to be sold to raise funds rather than	to be maintained	u as part of the orga	311124113113		Yes	No
t IV Escrow and Custodia Complete if the organ Form 990, Part X, line	ization answe	ered "Yes" on F	orm 990, Part IV, li	ine 9, or reported a	an amoun	
Form 990, Part X, line Is the organization an agent, truste on Form 990, Part X?	e, custodian, or o	other intermediary for	or contributions or other	assets not included	Yes	No
on Form 990, Part X?						
					Amount	
c Beginning balance				1c		
<ul><li>Beginning balance</li><li>Additions during the year</li></ul>				. 1d		
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>				. 1e		
e Distributions during the year f Ending balance				. If	Yes	No
f Ending balance2a Did the organization include an an	nount on Form 99	0, Part X, line 21, fo	r escrow or custodial ac	Count liability:		П
a Did the organization include an an b If "Yes," explain the arrangement	in Part XIII. Chec	k here if the explana	ition has been provided	in Part Alli		
b If "Yes," explain the arrangement						
art V Endowment Funds			on Part IV I	ine 10.		
art V Endowment Funds Complete if the orga	ınization answ	ered "Yes" on F	orm 990, Part 14, 11	To the second back	(e) Four ye	ears back
Complete it the 1-3	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(6) 100. )	
, butanen	(a) Current year					
1a Beginning of year balance		7				
<b>b</b> Contributions						
c Net investment earnings, gains, and losses		- 1				
d Grants or scholarships						
out as apponditures for facilities	1		_			
and programs					<del> </del>	
Administrative expenses						
<ul><li>g End of year balance</li></ul>	of the current ve	ear end balance (line	1g, column (a)) held as:	:		
2 Provide the estimated percentage	yment	%				
a Board designated or quasi-endov	-%					
b Permanent endowment	%					
c Term endowment  The percentages on lines 2a, 2b	and 2c should ec	ual 100%.				
The percentages of files 2a, 2b  3a Are there endowment funds not	- the possession	of the organization th	nat are held and adminis	stered for the	Ye	s No
3a Are there endowment funds not	in the hossession	J. 11.0 J. 3-11			. 3a(i)	
organization by:  (i) Unrelated organizations?						_
<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>					. 3b	
	lated organizations	s listed as required o	ii ocheadie itti iii iii		30	
A Describe in Part XIII the intende	d uses of the orga	nization's endowriter	it tunds.			
T	nd Equipment			200 Dart V line 10		
Complete if the organiza	tion answered "Ye	s" on Form 990, Part	IV, line 11a. See Form S	990, Part X, line 10.		
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
1a Land		,	,,			
b Buildings						
c Leasehold improvements						
d Equipment						
e Other			4,897.	489.		4,40
Total. Add lines 1a through 1e. (Colum		Form 990, Part X. lir				4,40
BAA			1-77		dule D (For	

D (Form 990) 2023 OPERATION WARRIOR RESOLUTION 82	-398	32294	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	N/A	
Tatal covernia daine and other current nor midital Control	1		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	1		
c Recoveries of prior year grants	- 1		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d.	2e		
3 Subtract line 2e from line 1	3		
	-		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	1		
Other (Describe in Fair Ann.)	4c		
c Add lines 4a and 4b.	5		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	N/A	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return No. 123		2.,,	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1		
1 Total expenses and losses per audited financial statements	<del>'</del>		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	_		
Other losses			
	2e		
d Other (Describe in Part XIII.).  e Add lines 2a through 2d	3		
2 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a  b Other (Describe in Part XIII.). 4b			
c Add lines 4a and 4b	4c		
c Add lines 4a and 4b	5		

Part XIII Supplemental Information

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

# HEDULE O

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Occartment of the Treasury Internal Revenue Service Name of the organization

OPERATION WARRIOR RESOLUTION

Employer identification number

82-3982294

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

#### FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
COMMUNITY ENGAGEMENT	7,642.		7,642.	
COMMUNITY ENGAGEMENT CONTRACT SERVICES OUTREACH / SPEAKING EVENTS POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS PROGRAM DEV/TRAINING COSTS PROGRAM POST-RETREAT RETREAT COORDINATOR	2,133.	6,571. 156. 1,066. 10,227. 11,390. 12,000.	156.	156. 1,067.
THERAPY - EQUINE THERAPY - PAYROLL YOGA	850. 8,818. TOTAL \$ 60,099.	850. 8,818. \$ 51,078.	\$ 7,798.	\$ 1,223.