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CLIENT'S COPY



October 28, 2016

Connected Warriors, Inc. 900 Broken Sound Pkwy No. 125 Boca Raton, FL 33487

Connected Warriors, Inc.:

Enclosed is the 2015 Exempt Organization return, as follows...

2015 Form 990

Instructions for filing the above form are furnished for easy reference. Your copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

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

Very truly yours,

Kevin E. Reynolds, CPA Partner

# TAX RETURN FILING INSTRUCTIONS

### FORM 990

#### FOR THE YEAR ENDING

December 31, 2015

Connected Warriors, Inc. 900 Broken Sound Pkwy No. 125 Boca Raton, FL 33487
Daszkal Bolton LLP 4455 N Military Trail, #201 Jupiter, FL 33458-4828
Not applicable
Not applicable
Not applicable
Not applicable
This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2016.

Form	887	'9-	E	0
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#### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2015, or fiscal year beginning , 2015, and ending ,20

Do not send to the IRS. Keep for your records.

2015

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization

Employer identification number

45-3112237

CONNECTED WARRIORS, INC.

Name and title of officer
WILLIAM GREENFIELD
CHAIRMAN

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	184,770.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X Lauthorize DASZKAL BOLTON LLP	to enter my PIN	12345
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature  Date  Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 6541691234 do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	•	
ERO's signature  Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To De	o So	
LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15	For	rm <b>8879-EO</b> (2015)

		5	0	
	u	u		
Form	-			

### EXTENDED TO NOVEMBER 15, 2016

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

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



Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending

I Tax-exempt status: X 501(c)(3) 501(c) (       (insert no.) 4947(a)(1) or 527       If "No," attach a list. (see instructions)         J Website: ▶ WWW. CONNECTEDWARTIORS.ORG       If (Sorup exemption number ▶         K form of organization: X Corporation       Trust       Association       Other ▶       L Year of formation: 2011 M State of legal domicile: F         Part I       Summary         1       Briefly describe the organization's mission or most significant activities: OUR MISSION IS SERVING THOSE WHO         4AVE SERVED.       1 the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       1         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       5         6       Total number of volunteers (estimate if necessary)       7a       7a       0         7a Total unrelated business revenue from Form 990-T, line 34       Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       97, 224.       162, 629         9       Porgram service revenue (Part VIII, line 1a)       8       0.       0.         10       Investment income (Part VIII, olumn (A), lines 3.4, and 7d)       0.       0.       0.         10       Investment income (Part VII	B C	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
Image: State of the organization is most significant activities:       Our Mission is state or provide in the organization discontinued its operations or disposed of more than 25% of its net assets.       Generation:       Generatio	X					
Image: Section 2000 BROKEN SOUND PKWY       125       954-278-3764         Chy or town, state or province, country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       G @resereceipts \$       225,886         Monther Country, and ZIP or foreign postal code       H(a) Is this a group return for subordinates included?       Yes       Not         Monther Country, and ZIP or foreign postal code       H(a) Is this a group return for subordinates included?       Yes       Not         Monther Country, and ZIP or foreign postal code       H(a) Is this a group return for subordinates included?       Yes       Not         Monther Country, and ZIP or foreign postal code       H(b) Are al isochronicates included?       Yes       Not         Monther Country, and ZIP or foreign postal code       H(b) Are al isochronicates included?       Yes       Not         Monther Country, and ZIP or foreign postal code       H(c) Group exemption number >       H(c) Group exemption		Name Chang	e Doing business as		45-3	112237
Image: Second Secon		Initial	Number and street (or P.O. box if mail is not delivered to street address)			
BOCA RATON, FL 33487		⊐return		125	954-	
Image of a direct or principal officer.WILLIAM GREENFIELD       F(a) is this a group return for subordinates included?         I max exempt status:       I officer.WILLIAM GREENFIELD       for subordinates included?       Yes       No         I max exempt status:       I officer.WILLIAM GREENFIELD       for subordinates included?       Yes       No         I max exempt status:       I officer.WILLIAM       GREENFIELD       for subordinates included?       Yes       No         I max exempt status:       I officer.WILLIAM       GREENFIELD       for subordinates included?       Yes       No         I max exempt status:       I officer.WILLIAM       GREENFIELD       for subordinates included?       Yes       No         I weekite:       WWw. CONNECTEDWARRIORS.ORG       H(b) are all subordinates included?       Yes       No         K Form of organization:       X Corporation       Trust       Association       Other       L year of formation: 2011       M State of legal domicle: F:         Part I       Summary       I briefly describe the organization's mission or most significant activities:       OUR MISSION IS SERVING THOSE WHO         I Ave Status of volumeers of the governing body (Part VI, line 1a)       3       1.0         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       3		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	225,886.
pending       900       BROKEN SOUND PKWY, STE 125, BOCA RATON, I Taxexempt status: X 001(c)(3) 01(c)() () () () () () () () () () () () ()		⊿return	DOCA RAION, FL 55407			
9000       BKOKEM SOUND PKWY, STE 125, BOCA RATON, HID Are all subordinates include? UYes		_Applie			for subordinates	? Yes X No
J       Website:       WWW CONNECTEDWARRIORS . ORG       H(c) Group exemption number         K       Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       2011       M State of legal domicile: F         Part I       Summary       L Year of formation:       2011       M State of legal domicile: F         Part I       Summary       L Year of formation:       2011       M State of legal domicile: F         Part I       Summary       L Year of formation:       2011       M State of legal domicile: F         Part I       Summary       L Year of the organization's mission or most significant activities:       OUR MISSION IS SERVING THOSE WHO         It AVE       SERVED.       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         Number of individuals employed in calendar year 2015 (Part VI, line 1a)       4       1       4         6       Total number of volunteers (estimate if necessary)       7a       0       0         7a       D       D       0 <th< td=""><td></td><td></td><td>900 BROKEN SOUND PRWY, STE 125, BOCA R</td><td>ATON,</td><td>H(b) Are all subordinates in</td><td>icluded? Yes No</td></th<>			900 BROKEN SOUND PRWY, STE 125, BOCA R	ATON,	H(b) Are all subordinates in	icluded? Yes No
K Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       2011       M State of legal domicile:       F.         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       OUR       MISSION IS SERVING THOSE WHO         HAVE       SERVED.       - <td></td> <td></td> <td></td> <td>or 527</td> <td>If "No," attach a</td> <td>list. (see instructions)</td>				or 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       OUR_MISSION_IS_SERVING_THOSE_WHO HAVE_SERVED.         2       Check this box						
Prior Year       Current Year         Prior Year       Current Year         Program service revenue (Part VIII, column (A), lines 5, 4, and 7d)       0.         10       Investment income (Part VIII, column (A), lines 5, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 5, 4, and 7d)         12       Total revenue (Part VIII, column (A), lines 5, 4, and 7d)         13       Gastaries, other compensation, employee benefits (Part IX, column (A), lines 13)         13       Gastaries, other compensation, employee benefits (Part IX, column (A), lines 5, 10)         13       Gastaries, other compensation, employee benefits (Part IX, column (A), line 25)         14       Total expenses. Subtract line 18 from line 12         15       Total investion (Part VIII, column (A), line 26)         14       Deriver and the compensation, employee benefits (Part IX, column (A), lines 5, 10)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 25, 10)         14       Benefits paid to or for members (Part IX, column (A), line 25)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 25, 10)         16       Revenue less expenses. Subtract line 18 from line 12       37, 314, 45, 269	ΚF	orm o		L Year	of formation: 2011	<b>I</b> State of legal domicile: $\mathbf{FL}$
HAVE SERVED.         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       1         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       1         5       5       5       5         6       Total number of volunteers (estimate if necessary)       6       333         7a       Total number of volunteers (estimate if necessary)       6       333         7a       Total number of volunteers (estimate if necessary)       6       333         7a       Total number of volunteers (estimate if necessary)       6       333         7a       Total number of volunteers (estimate if necessary)       7a       0         8       Contributions and grants (Part VIII, loine 1nm of the organization discontinued), line 34       0       0       0         9       Program service revenue (Part VIII, line 2g)       0.       0       0       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0       5       0       0       0       0         11       Other revenue (Part VIII, column (A), lines 1-3)       0       0       0       0 </td <td>Pa</td> <td>rt I</td> <td></td> <td></td> <td></td> <td></td>	Pa	rt I				
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	e	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIC	ON IS SERVIN	G THOSE WHO
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	anc					
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	ern		•			
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	) VO	3				14
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			1
b         Net unrelated business taxable income from Form 990-T, line 34         7b         0           8         Contributions and grants (Part VIII, line 1h)         97, 224.         162,629           9         Program service revenue (Part VIII, line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         57           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         82, 177.         22, 084           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         0.         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         39, 548.         22, 588           16a         Professional fundraising fees (Part IX, column (D), line 25)         9, 417.         102, 539.         116, 913           17         Other expenses (Part IX, column (A), line 25)         9, 417.         102, 539.         116, 913           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         37, 314.         45	iviti					335
Prior Year       Current Year         9       Prior Year       0.         9       Program service revenue (Part VIII, line 2g)       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.       22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       39, 548.       22, 588         16a       Professional fundraising fees (Part IX, column (D), line 25)       9, 417.       102, 539.       116, 913         17       Other expenses (Part IX, column (A), line 11e.       0.       0.       0       0         17       Other expenses (Part IX, column (A), line 25)       9, 417.       102, 539.       116, 913         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142, 087.       139, 501         19       Revenue less expenses. Subtract line 18	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
8       Contributions and grants (Part VIII, line 1h)       97,224.       162,629         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       57         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.       22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0       0         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       39, 548.       22, 588       0.       0         16a       Professional fundraising fees (Part IX, column (A), line 25)       9, 417.       0.       0		b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
9       Program service revenue (Part VIII, line 2g)       0.00         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.57         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       179,401.184,770         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.00         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       39,548.22,588         16a       Professional fundraising fees (Part IX, column (A), line 25)       9,417.         17       Other expenses (Part IX, column (A), line 25)       9,417.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       102,539.116,913         18       Total expenses. Subtract line 18 from line 12       37,314.       45,269						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.       22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       179,401.       184,770         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       39,548.       22,588         16a       Professional fundraising fees (Part IX, column (D), line 25)       9,417.       0.       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       102,539.       116,913         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142,087.       139,501         19       Revenue less expenses. Subtract line 18 from line 12       37,314.       45,269	е	8	Contributions and grants (Part VIII, line 1h)			-
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.       22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       179,401.       184,770         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       39,548.       22,588         16a       Professional fundraising fees (Part IX, column (D), line 25)       9,417.       0.       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       102,539.       116,913         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142,087.       139,501         19       Revenue less expenses. Subtract line 18 from line 12       37,314.       45,269	eni				• •	0.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       82,177.       22,084         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       179,401.       184,770         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       39,548.       22,588         16a       Professional fundraising fees (Part IX, column (D), line 25)       9,417.       0.       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       102,539.       116,913         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142,087.       139,501         19       Revenue less expenses. Subtract line 18 from line 12       37,314.       45,269	Rev				• •	
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.00         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       39,548.22,588         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00         b       Total fundraising expenses (Part IX, column (D), line 25)       9,417.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       102,539.116,913         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142,087.139,501         19       Revenue less expenses. Subtract line 18 from line 12       37,314.4	_					
10       Grants and similar amounts paid (rartix, column (A), lines 10)         14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         17       Other expenses (Part IX, column (D), line 25)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12					-	
In Expension part to or formembols (interfective), and (i), interfective)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12					••	0.
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00         b       Total fundraising expenses (Part IX, column (D), line 25)       9,417.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       102,539.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142,087.         19       Revenue less expenses. Subtract line 18 from line 12       37,314.					• •	
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       102, 333.       110, 513         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142, 087.       139, 501         19 Revenue less expenses. Subtract line 18 from line 12       37, 314.       45, 269	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       102, 333.       110, 513         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142, 087.       139, 501         19 Revenue less expenses. Subtract line 18 from line 12       37, 314.       45, 269	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	υ.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       102, 333.       110, 513         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       142, 087.       139, 501         19 Revenue less expenses. Subtract line 18 from line 12       37, 314.       45, 269	хр				100 520	110 010
19 Revenue less expenses. Subtract line 18 from line 12         37,314.         45,269	ш					
						-
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       78,567.       120,738         20       Total assets (Part X, line 16)       0       0		19	Revenue less expenses. Subtract line 18 from line 12			
20         Total assets (Part X, line 16)         /δ, 56/.         120, /38           20         Total assets (Part X, line 16)         0         0         0	ts or					
	Ssel					<u> </u>
	et A nd I		Total liabilities (Part X, line 26)		•••	
Part II       Signature Block					/8,56/.	120,738.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer WILLIAM GREENFIELD, CH Type or print name and title	HAIRMAN		Date			
Paid	Print/Type preparer's name KEVIN E. REYNOLDS	Preparer's signature	Date	Check PTIN if self-employed P00178156			
Preparer	Firm's name 🕒 DASZKAL BOLTON I	LP		Firm's EIN <b>65-0406502</b>			
Use Only							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
532001 12-1	J2001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)						

	1 990 (2015) CONNECTED WARRIORS, INC.	45-3112237 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE CONNECTED WARRIORS, INC. MISSION IS TO PROVIDE EVII TRAUMA-CONSCIOUS YOGA THERAPY PROGRAMS FOR SERVICEMEMB	
	AND THEIR FAMILIES WHILE ESTABLISHING A NEW AND PROGRES	-
	COMMUNITY FOR ALL MILITARY MEMBERS, THEIR FAMILIES AND	
2	Did the organization undertake any significant program services during the year which were not listed on	0111111
2	the prior Form 990 or 990-EZ?	X Yes 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 If "Yes," describe these changes on Schedule O.	s? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot revenue, if any, for each program service reported.	hers, the total expenses, and
4a	(Code: ) (Expenses \$ 121,239 • including grants of \$ ) (Rev	renue \$ )
	CONNECTED WARRIORS, INC. BEGAN SERVING OUR VETERAN COM	
	SINCE THEN, WE HAVE GROWN INTO AN ORGANIZATION THAT OPI	
	FOREIGN COUNTRY, 15 DIFFERENT STATES DOMESTICALLY INCLU	
	HOSPITALS AND VET CENTERS, 6 ACTIVE MILITARY BASES AND	
	COMMUNITY BASED LOCATIONS. OUR TRAUMA-CONSCIOUS YOGA TH	
	PART OF 2 DIFFERENT RESEARCH PROJECTS AND THE KNOWLEDGI APPLIED DIRECTLY TO OUR ROUTINE IN ORDER TO FURTHER EN	
	OF OUR HEROES. WE HAVE OVER 100 WEEKLY CLASSES AND OUR	
	REACHED OVER 1,800 PARTICIPANTS MONTHLY.	ATTENDANCE HAD
4b	(Code:) (Expenses \$ including grants of \$) (Reve	renue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$ )
		-
4d	Other program services (Describe in Schedule O.)	1
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     121,239.	
		Form <b>990</b> (2015)
53200: 12-16-	- 15	· · · · · · · · · · · · · · · · · · ·
	2	
461	.028 131409 13965.1 2015.04030 CONNECTED WARRIORS,	INC. 13965_11

Form 990 (2015)

CONNECTED WARRIORS, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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			
Ū	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	L.		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L.		
•	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	<u> </u>		
U	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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X

Form **990** (2015)

532003 12-16-15

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CONNECTED WARRIORS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	-	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	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			
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

532004 12-16-15

Form	990 (2015) CONNECTED WARRIORS, INC. 45-3112	237	P	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
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		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	1 <b>990</b>	(2015)

532005 12-16-15

Form 990 (2015)
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#### CONNECTED WARRIORS, INC.

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

An A. Governing Body and Management there are material differences in voting rights among members of the governing body, or if the governing by delegated broad authority to an executive committee or similar committee, explain in Schedule 0. there the number of voting members included in line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employees have a family relationship or a business relations ficer, director, trustee, or key employees to a management company or other person? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? the any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body? d the organization contemporaneously document the meetings held or written actions undertaken during the year of the organization contemporaneously document the meetings held or written actions undertaken during the year d the organization contemporaneously document the meetings held or written actions undertaken during the year d the organization have members or stockholders.	1b       1         hip with any other       1         the direct supervision       1         n 990 was filed?       1         assets?       1         appoint one or       1	3 4 5	Yes	
there are material differences in voting rights among members of the governing body, or if the governing bdy delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	1b       1         hip with any other       1         the direct supervision       1         n 990 was filed?       1         assets?       1         appoint one or       1	4 2 3 4 5		
there are material differences in voting rights among members of the governing body, or if the governing bdy delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	1b       1         hip with any other       1         the direct supervision       1         n 990 was filed?       1         assets?       1         appoint one or       1	4 2 3 4 5	X	
by delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	hip with any other the direct supervision n 990 was filed? assets? appoint one or	2 3 4 5	X	
the number of voting members included in line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	hip with any other the direct supervision n 990 was filed? assets? appoint one or	2 3 4 5	X	
d any officer, director, trustee, or key employee have a family relationship or a business relations ficer, director, trustee, or key employee?	hip with any other the direct supervision n 990 was filed? assets? appoint one or	2 3 4 5	x	+
ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under officers, directors, or trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	the direct supervision n 990 was filed? assets? appoint one or	3 4 5	X	ł
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d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's a d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?	n 990 was filed? assets? appoint one or	4 5		T
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ore members of the governing body? re any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body?				ł
re any governance decisions of the organization reserved to (or subject to approval by) members ersons other than the governing body?				
ersons other than the governing body?		. 7a		ļ
<b>o o ,</b>	, stockholders, or			
d the organization contemporaneously document the meetings held or written actions undertaken during the v		. 7b		ļ
				l
ne governing body?		. 8a	X	ļ
ach committee with authority to act on behalf of the governing body?		. 8b	Х	ļ
there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached at the			I
		. 9		1
<b>n B. Policies</b> (This Section B requests information about policies not required by the Internal	Revenue Code.)			Т
			Yes	┦
		. <u>10a</u>		┦
nd branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		4
as the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form?	11a	X	1
escribe in Schedule O the process, if any, used by the organization to review this Form 990.				ļ
· · · · · · · · · · · · · · · · · · ·				1
		12b	Х	1
d the organization regularly and consistently monitor and enforce compliance with the policy? $I\!f$	"Yes," describe			I
Schedule O how this was done		12c	Х	1
d the organization have a written whistleblower policy?		13		
d the organization have a written document retention and destruction policy?		14		
d the process for determining compensation of the following persons include a review and appro	oval by independent			I
ersons, comparability data, and contemporaneous substantiation of the deliberation and decisior	י?			I
ne organization's CEO, Executive Director, or top management official		15a		
				Ι
"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ſ
	ement with a			1
xable entity during the year?		. 16a		J
"Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its participation			I
joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's			I
		16b		I
n C. Disclosure				
st the states with which a copy of this Form 990 is required to be filed $igar{} FL$				
	D-T (Section 501(c)(3)s only	) availat	le	
r public inspection. Indicate how you made these available. Check all that apply.				
escribe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest policy, a	nd finan	cial	
atements available to the public during the tax year.				
ate the name, address, and telephone number of the person who possesses the organization's t	pooks and records: ►			
UU BROKEN SOUND PKWY, STE 125, BOCA RATON, FL 3	3487			_
2-16-15		Form	990	(
	ganization's mailing address? If "Yes," provide the names and addresses in Schedule 0         on B. Policies (This Section B requests information about policies not required by the Internal         d the organization have local chapters, branches, or affiliates?         "Yes," did the organization have written policies and procedures governing the activities of such the branches to ensure their operations are consistent with the organization's exempt purposes? as the organization provided a complete copy of this Form 990 to all members of its governing by secribe in Schedule O the process, if any, used by the organization to review this Form 990.         d the organization have a written conflict of interest policy? If "No," go to line 13         ere officers, directors, or trustees, and key employees required to disclose annually interests that could give if a the organization have a written whistleblower policy?         d the organization have a written document retention and destruction policy?         d the organization have a written document retention and destruction policy?         d the organization have a written by process in Schedule O (see instructions).         d the organization invest in, contribute assets to, or participate in a joint venture or similar arrange vable entity during the year?         "Yes," did the organization follow a written policy or procedure requiring the organization to evalue of 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 (regent status with which a copy of this Form 990 is required to be filed <b>FL</b> extents with which a copy of this Form 990 is required to be filed <b>FL</b> ourn	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O       9         m B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)         d the organization have local chapters, branches, or affiliates?       10a         "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, id branches to ensure their operations are consistent with the organization's exempt purposes?       10b         as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         schedule O the process, if any, used by the organization to review this Form 990.       12a         d the organization near a written conflict of interest policy? If "No," go to line 13       12a         ree officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12c         d the organization have a written whistleblower policy?       13         d the organization have a written document retention and destruction policy?       14         d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a xable entity during the year?       15a         ves', did the organization files the process in Schedule O (see instructions).       14       15b         "Yes," did the organization follow a written policy or procedure requiring the organization is participation invest in a corthy	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O       9         m B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         ves, "idit the organization have local chapters, branches, or affiliates?       10a         ves, "idit the organization have written policies and procedures governing the activities of such chapters, affiliates, id branches to ensure their operations are consistent with the organization's exempt purposes?       10b         sas the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         a the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         d the organization have a written whistleblower policy?       13a       12a       X         d the organization have a written document retention and destruction policy?       14       14       16a         of the organization have a written policy or top management official       15b       15a       15a       15a         the organization have a written policy or procedure requiring the organization to evaluate its participation a j

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

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

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

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(do box	not c , unle	(C Pos heck ss pe	<b>C)</b> ition more rson	) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee a	Offlicer D		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WEAVER, JUDY FOUNDER	35.00	x						0.	0.	0.
(2) GREENFIELD, WILLIAM	20.00									
BOARD CHAIRMAN		x		x				0.	0.	0.
(3) ARTIME, ODETTE	2.00									
BOARD MEMBER		x						0.	0.	0.
(4) WEAVER, JEFFREY	5.00									
EXECUTIVE COMMITTEE MEMBER		X		Х				0.	0.	0.
(5) FRANKEL, DAVID	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CITRON, LINDA	5.00									
BOARD COPRORATE SECRETARY		X						0.	0.	0.
(7) HAMLIN, RANDY	40.00									
BOARD MEMBER		х						6,100.	0.	0.
(8) GUTTUSO, MARIA KESSLER	2.00									
BOARD MEMBER	<b>– – – –</b>	X						0.	0.	0.
(9) SADOWSKY, NICK	5.00	.,						0		0
EXECUTIVE COMMITTEE MEMBER		X		X				0.	0.	0.
(10) SIMPSON, LOREN	2.00							0		0
BOARD MEMBER		X						0.	0.	0.
(11) HLATKI, MIKE	5.00							0		0
BOARD MEMBER	E OO	X						0.	0.	0.
(12) BINGHAM, KENNETH LCMD, US NAVY	5.00	x						0.	0.	0.
BOARD MEMBER	5.00							0.	0.	0.
(13) SCHWEPPE, ERIC, CAPT., US ARMY BOARD MEMBER	5.00	x						0.	0.	0.
(14) SUSSMAN, STANLEY	5.00						<u> </u>	0.	0.	0.
VICE CHAIRMAN	- 3.00	x		x				0.	0.	0.
(15) ELIZABETH BERRYMAN	35.00	<u> </u>					-			
FORMER EXECUTIVE DIRECTOR		1		x				20,769.	0.	0.
		-					<u> </u>			
		-				-	-			- 000 (111)

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2015.04030 CONNECTED WARRIORS, INC.

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	n 990 (2015)	CONNECTEI	D WARRIC	DRS	5,	IN	1C	•			45-311	2237	Pa	age <b>8</b>
Par	rt VII Sectio	on A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	Ν	(A) lame and title	<b>(B)</b> Average hours per week	box	not cl , unle:	ss per	ition more rson	than is bot pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> stimate nount other	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa rom the ganizati id relate anizatio	e ion ed
1h	Sub-total									26,869.	0			0.
с	Total from o Total (add li	continuation sheets to Part VI nes 1b and 1c)	I, Section A		· · · · · · · ·	· · · · · · · ·	· · · · · · ·			0. 26,869.	0	•		0.
2		r of individuals (including but n on from the organization	ot limited to th	iose	liste	ed at	bove	e) wł	no re	eceived more than \$100	,000 of reportable		Yes	0 No
3	line 1a? If "Y	nization list any <b>former</b> officer, íes," complete Schedule J for s ridual listed on line 1a, is the su	uch individual							• ·		3		X
5	and related o Did any pers	organizations greater than \$150 on listed on line 1a receive or a	),000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S rom	Sche any	edule / unr	e <i>J f</i> elat	for such individual ed organization or indivi	dual for services	4		X
Sec	tion B. Indep	the organization? If "Yes," com endent Contractors										5		X
1		is table for your five highest co tion. Report compensation for										isation	from	
		(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	( Compe	<b>C)</b> ensatio	n
2	Total numbe	r of independent contractors (i	ncluding but n	iot lii	mite	d to		-	sted	l above) who received m	nore than			
53200 12-16-		compensation from the organiz	zation 🕨				(	0				Form	<b>990</b> (2	2015)

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				RIORS, IN	NC .		45-3112	237 Page <b>9</b>
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any line		(B)	(C)	
					<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		100.000				
fts,		Fundraising events		136,838.				
, Git		Related organizations						
Sin		<ul> <li>Government grants (contribut All other contributions, gifts, gran</li> </ul>						
her	т	similar amounts not included abo		25,791.				
i dt ik	0	Noncash contributions included in lines						
Cor		Total. Add lines 1a-1f			162,629.			
				Business Code				
e	2 a	1						
ervi	b							
n S /ent	c							
graı Rev	c	1						
Program Service Revenue	e							
-	f	All other program service reve <b>Total.</b> Add lines 2a-2f						
	3	Investment income (including						
	•	other similar amounts)			57.			57.
	4	Income from investment of ta						
	5	Royalties	. <u></u>	►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		<ul> <li>Net rental income or (loss)</li> <li>Gross amount from sales of</li> </ul>	(i) Securities	(ii) Other				
	1 a	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	c	I Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraisin including \$ 136,8						
Sev		contributions reported on line	1c). See					
erF		Part IV, line 18						
Oth		Less: direct expenses		41,116.	22 094			22 094
		Net income or (loss) from fund		····· ►	22,084.			22,084.
	9 а	Gross income from gaming ac Part IV line 19						
	h	Part IV, line 19 D Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
	11 a							
	b			├				
	c d							
		• Total. Add lines 11a-11d						
_	12	Total revenue. See instructions.			184,770.	0.	0.	22,141.
53200	9 12-1							Form <b>990</b> (2015

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2015.04030 CONNECTED WARRIORS, INC. 13965\_11

Part IX Statement of Functional Expenses

CONNECTED WARRIORS, INC.

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	20,769.	10,385.	5,192.	5,192
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	1,819.	909.	455.	455
11	Fees for services (non-employees):				
''a	Management	59,221.	58,161.	60.	1,000
a b		5572210	5071011		1,000
	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	4,971.	3,735.		1,236
12	Advertising and promotion	7,318.	5,013.	1,371.	934
13	Office expenses	7,510.	5,015.	1,3/1.	954
14	Information technology				
15	Royalties	105		105	
16	Occupancy	185. 11,698.	11 425	185.	
17	Travel	11,698.	11,435.	263.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,302.	983.	1,319.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) (				
а	SUPPLIES	22,640.	22,640.		
b	TRAINING	7,978.	7,978.		
с	SUNDRY	600.			600
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	139,501.	121,239.	8,845.	9,417
26	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)				

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Form 990 (2015)

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Part X Balance Sheet

11 2015.04030 CONNECTED WARRIORS, INC. 13965\_11

2         Savings and temporary cash investments         78,567. 2         120,738.           3         Predges and grants receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L         6         6           6         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(f)(f), persons described in section 4958(f)(f)), persons described in section 4958(f)(f), persons described in the fill and the fill			eucli indi indi ecci e cui ig					
3       Pledges and grants receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustes, key imployees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under receivables from other disqualified persons (as defined under receivable, net.       5         7       Notes and loans receivable, net.       7         8       Prepage organizations (see inst). Complete Part II of Sch L.       7         7       Notes and loans receivable, net.       7         9       Prepage organizations (see inst). Complete Part II of Sch L.       7         9       Prepage organizations (see inst). Complete Part II of Sch L.       7         9       Prepage organizations (see inst). Complete Part II of Sch L.       7         10       Investments - publicly trade securities.       9         11       Investments - publicly trade securities.       10a       0         11       Investments - publicly trade securities.       114         11       Investments - publicly trade securities.       12         12       Investments - publicly trade securities.       144         13       Investments- publicly traded securities.		2	Savings and temporary cash investments			78,567	2	120,738.
4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loars and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(5)(6), and contributing employees and sponsoring organizations of section 501(6)) soluritary employees and ponsoring organizations of section 501(6)) soluritary employees. The section 4958(r)(1), persons described in Cip(9) soluritary employees and ponsoring organizations of section 501(6)) soluritary employees. The section 4958(r) (1) persons described in Cip(9) soluritary employees. The section 4958(r) (1) persons described in Cip(9) soluritary employees. The section 4958(r) (1) persons described in Cip(9) soluritary employees. The section 4958(r) (1) persons described in Cip(9) soluritary employees. The section 4958(r) (1) persons described in Cip (1) persons describ		3					3	
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Part II of Schedule L       5         6 Loans and other receivables from other disqualified persons (as defined under section 4958(i)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers thereficially organizations of section 501(c)(9) voluntary employers thereficial or grain tables of sale or use.       6         9 Prepared expenses and deferred charges       9       6         10a Land, buildings, and squipment: cost or other basis. Complete Part II of Sch L       7       8         9 Prepared expenses and deferred charges       9       9       0         11 Investments - other securities. See Part IV, line 11       11       12       12         12 Investments - other securities. See Part IV, line 11       12       13       14         15 Other assets. Add lines 1 through 15 (must equal line 34)       78, 567.       16       120, 738.         17 Accounts payable and accrued expenses       17       18       22       12         21 Escrew or custodial account and torme officer, director, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D       22       22         22 Loans and other payables to current and forme officer, director, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV officer, director, trustees, key employees, highest compensated third parties       23         24 Unsecured notes and lones payable to urrelated third		5						
6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(B), and contributing employees in deponsioning organizations of section 501(c)(9) voluntary employees is and posmore observable, net.       6         7       Notes and coars receivable. net.       6         9       Prepaid expenses and deferred charges       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a         11       Investments - publicly traded securities       11         12       Investments - publicly traded securities       11         13       Investments - publicly traded securities       11         14       Intrasple assets.       15         15       Total assets. Add lines 1 through 15 (must equal line 34)       78, 5677.       16         16       Grants payable on discruted expenses.       17       20         21       Excrow or custodial account liability. Complete Part V of Schedule D       21         23       Secured mortages and noter payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.       22         24       Unsecured notes and notes payable to unrelated third parties       23         24       Unsecured notes and notes payable to unrelated third parties       24         25       Ort			trustees, key employees, and highest compens	ated er	nployees. Complete			
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But Sis Complete Part VI of Schedule D       10a       10b       0.       10c       0.         11       Investments - publicly traded securities       11       11       12       11         12       Investments - other securities. See Part IV, line 11       12       13       13         14       Intragible assets       14       14       13         15       Total assets. See Part IV, line 11       13       15         16       Total assets. See Part IV, line 11       15       16       120, 738.         17       Accounts payable and accrued expenses       17       78, 567.       16       120, 738.         18       Grants payable       19       20       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21       22         22       Lans and other payables to current and former officers, directors, trustes, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23       24       24         24       Other liabilities (including federal income tax, payables to related third parties       24       24       25         25       Other liabilities ont included on lines 17.24). Complete Part X of Schedule D       25		10a				-		
b       Less: accumulated depreciation       10b       0.       10c       0.         11       Investments - publicly traded securities       11       12         12       Investments - program-related. See Part IV, line 11       13         14       Intrangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 34)       78, 567 - 16       120, 738 -         17       Accounts payable and accrued expenses       17       18         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Leas and other payables to complete Part IV of Schedule D       22       22         23       Secured mortgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities (ncluding federal income tax, payables to related third parties       24       25         26       Total liabilities not included on lines 17.24). Complete Part X of Schedule D       25       26       0.         26       Total liabilitites, Add lines 11 through 2				10a				
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15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       78,567.       16       120,738.         17       Accounts payable and accrued expenses       17       18       Grants payable       19         19       Deferred revenue       19       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21       22         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23       23       24       24       24       24       25       24       25       24       25       24       25       24       25       25       25       25       25       25       25       25       25       26       120,738.       28       29       0, 26       0.       25       25       26       120,738.       28       29       29       25       26       28       29       29       29       29       29       29       29       29       29       29       29       29       20       23       21       21       21 <th></th> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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23       Secured moregages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       0 . 26       0 .         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       78 , 567 . 27       120 , 738 .         28       Temporarily restricted net assets       29       29       29         0 crganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30       30         30       Capital stock or trust principal, or current funds       30       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31       31         32       Retained earnings, endowment, accumulated income, or other funds       32       78 , 567 · 33       120 , 738 · 78 · 567 · 34         34       Total liabilities and net assets/fund balances       78 · 567 · 34       120 , 738 · 78 · 567 · 34       120 , 738 · 78 · 567 · 34	itie							
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24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       0. 26       0.         0. 26       0. 26       0.         0. parties, and other liabilities. Add lines 17 through 25       0. 26       0.         0. parties. Add lines 17 through 29, and lines 33 and 34.       78, 567. 27       120, 738.         27       Unrestricted net assets       28       29         29       Permanently restricted net assets       29       29         0. capital stock or trust principal, or current funds       30       31         30       Capital stock or trust principal, or current funds       32         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       78, 567. 33       120, 738.         34       Total liabilities and net assets/fund balances       78, 567. 34       120, 738.	Ë	23					23	
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Source       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       Image: Complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       78,567. 27       120,738.         28       Temporarily restricted net assets       28         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       29         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       78,567. 33       120,738.         34       Total liabilities and net assets/fund balances       78,567. 34       120,738.		26				0		0.
source organizations that do not follow SFAS 117 (ASC 958), check here ▶□ and complete lines 30 through 34.78,567.27120,738.30Capital stock or trust principal, or current funds 31303031Paid-in or capital surplus, or land, building, or equipment fund 31313132Retained earnings, endowment, accumulated income, or other funds 333278,567.33120,738.34Total liabilities and net assets/fund balances78,567.34120,738.								
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33         120,730           34         Total liabilities and net assets/fund balances         78,567.34         120,738.	or							
33         120,730           34         Total liabilities and net assets/fund balances         78,567.34         120,738.	sts	30					30	
33         120,730           34         Total liabilities and net assets/fund balances         78,567.34         120,738.	SSE							
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34         Total liabilities and net assets/fund balances         78,567.34         120,738.	ž					78,567	33	120,738.

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

Cash - non-interest-bearing

45-3112237 Page 11

1

**(B)** End of year

**(A)** Beginning of year

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 2b)         2       Total expenses (must equal Part X, column (A), line 2b)         2       Total expenses (must equal Part X, column (A), line 2b)         2       Total expenses (must equal Part X, line 32, column (A))         4       Total expenses, Subtract line 2 from line 1         3       445, 2659.         4       Net unrealized gains (losses) on investments         5       Donated exvices and use of facilities         7       Investment expenses         8       Prior period adjustments         9       0.         10       120, 738.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X       Yes	Form	n 990 (2	015) CONNECTED WARRIORS, INC.	45-3112	2237	Pag	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1 84 , 770 .         2       Total expenses (must equal Part IX, column (A), line 25)       2       139 , 5501 .         3       Revenue less expenses. Subtract line 2 from line 1       3       45 , 265 .         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       78 , 567 .         5       Net unrealized gains (losses) on investments       6       6         7       Investment expenses       7       6         8       Prior period adjustments       8       -3 , 098 .         9       0.       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       120 , 738 .         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       H* Ves, * toeks a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       Accounting method used to prepare the Form 990:	Pa	rt XI	Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       139,501.         3       Revenue less expenses. Subtract line 2 from line 1       3       45,269.         4       78,567.       5         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       78,567.         6       7       Investment expenses       6         7       7       7       7         8       Prior period adjustments       8       -3,098.         9       0ter changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       120,738.         7       Infrancial Statements and Reporting       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule 0.         2a       Were the organization's financial statements compiled or reviewed by an independent accountar?       2a       X         1       Accounting method used to prepare the form 990:       Cash       Shot consolidated hasis       Sot ont:         Separate basis, consolidated bas			Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       139,501.         3       Revenue less expenses. Subtract line 2 from line 1       3       45,269.         4       78,567.       5         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       78,567.         6       7       Investment expenses       6         7       7       7       7         8       Prior period adjustments       8       -3,098.         9       0ter changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       120,738.         7       Infrancial Statements and Reporting       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule 0.         2a       Were the organization's financial statements compiled or reviewed by an independent accountar?       2a       X         1       Accounting method used to prepare the form 990:       Cash       Shot consolidated hasis       Sot ont:         Separate basis, consolidated bas							
3       Revenue less expenses. Subtract line 2 from line 1       3       45, 269.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       778, 567.         5       6       6       7       78, 567.         6       6       7       78, 567.         7       6       6       7       78, 567.         8       Prior period adjustments       6       7       7         9       Prior period adjustments       9       0.       0.         10       Net assets or fund balances (explain in Schedule 0)       9       0.       0.         10       Net assets or fund balances (explain in Schedule 0)       10       120, 738.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Za       X         If Yes, ' check a box below to indicate whether the financial statements for the year were compiled or review	1	Total	evenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       78, 567.         5       Net unrealized gains (losses) on investments       5         6       0onated services and use of facilities       6         7       7       7         8       Prior period adjustments       8       -3, 098.         9       0.       10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       120, 738.         Yes         Other changes in net assets or fund balances (explain in Schedule O)         9       0.       10       120, 738.         Part XII Financial Statements and Reporting         X         Check if Schedule O contains a response or note to any line in this Part XII         X         Yes         No         A counting method used to prepare the Form 990:       Cash       X       Accrual       Other       Za       X         If "Yes, 'ncheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Za	2	Total	expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   6   7   1   Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   7   1   Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   7   1   Accounting method used to prepare the Form 990:   1   1   Accounting method used to prepare the Form 990:   2a   2a   Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   b Were the organization of infinancial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis   b Were the organization of infinancial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   I Separate basis   Consolidated basis   consolidated basis, or both:   If "Yes," the line 2a or 2b, does the organization hanged either its oversight process or selection process during the tax year, explain in Schedule O.   3a   3a   b If "Yes," did the organization undergo the required audit or audits? If the organizat	3	Rever	ue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       investment expenses       7         8       Prior period adjustments       8       -3,098.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       120,738.         Part XIII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If Yees, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       X         If Yees, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If Yees, 'heck a box below to indicate whether the financial statements for the year were audited on a separate basis, cons	4	Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	3,5	67.
7       Investment expenses       7         8       Prior period adjustments       8       -3,098.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       120,738.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Zb       X       X       Za       X       X       Zb       X       X	5	Net ur	nrealized gains (losses) on investments	5			
8       Prior period adjustments       8       -3,098.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       120,738.         Part XII       Financial Statements and Reporting       X       10       120,738.         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       X       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Doth consolidated and separate basis       2b       X         b       Were the organization's financial statements and selection of an independent accountant?       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis.       Both consolidated and separate basis.       Consolidated basis.       Doth consolidated and separate basis.       Consolidated basis.       Consolidated basis.	6	Donat	ed services and use of facilities	6			
9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       120,738.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, " explain in Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X       I         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	7	Invest	ment expenses	7			
• Online of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       120,738.         • Det XIII Financial Statements and Reporting       X         • Check if Schedule O contains a response or note to any line in this Part XII       X         • Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         • If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         • If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         • If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         • Were the organization's financial statements audited by an independent accountant?       2b       X         • If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         • If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         • If "Yes," the che a basis       Consolidated basis       Both consolidated and separate basis       2b       X         • If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	8	Prior p	period adjustments	8	- 3	3,0	98.
column (B)       10       120,738.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         If the org	9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         I       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant?       2c       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the t	10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation or its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization req			n (B))	10	120	),7	38.
Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	Pa	rt XII	Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       X	1					Yes	No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis							37
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       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 for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain in Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.         3a       Ax         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       Image: Step audit Step a	2a				2a		
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</li> </ul>				d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       X       X         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       Image: Stepsile in the s							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolid	_					v	
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b				2b	^	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis<			•	te basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       Image: Committee of the set of th							
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <b>3b</b>							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	С					v	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       3b					20	<u>л</u>	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b	0						
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits.         or audits, explain why in Schedule O and describe any steps taken to undergo such audits	за			0			v
or audits, explain why in Schedule O and describe any steps taken to undergo such audits					За		<u> </u>
	α						
		or auc	its, explain why in Schedule O and describe any steps taken to undergo such audits			aan /	201E)

Form **990** (2015)

532012 12-16-15

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(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for	rm990.	Inspection
1	Employer	identification number

Name of the organizatio	n
-------------------------	---

	IECTED WARR					-3112237					
Part I Reason for Public	Charity Status (A	All organizations must co	mplete this part.	) See instructions	6.						
The organization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or associatio i <b>on 170(b)(1)(A)(ii).</b> ( hospital service orga	on of churches described Attach Schedule E (Forn anization described in <b>se</b>	d in section 170( 1 990 or 990-EZ).) ection 170(b)(1)(/	b)(1)(A)(i). A)(iii).	(iii). Enter th	e hospital's name,					
5 An organization operated f	<ul> <li>city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in</li> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> </ul>										
6A federal, state, or local go7XAn organization that normal	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
<ul> <li>section 170(b)(1)(A)(vi). (C</li> <li>A community trust describ</li> <li>An organization that norma activities related to its exer</li> <li>income and unrelated busi</li> </ul>	ed in <b>section 170(b)(</b> ally receives: (1) more npt functions - subje	e than 33 1/3% of its sup ct to certain exceptions,	port from contrib and (2) no more	than 33 1/3% of	its support fi	rom gross investment					
See section 509(a)(2). (Co 10 An organization organized 11 An organization organized more publicly supported on lines 11a through 11d that a Type I. A supporting organized	and operated exclus and operated exclus ganizations describe describes the type o anization operated, s	ively for the benefit of, to ed in <b>section 509(a)(1)</b> o of supporting organizatio upervised, or controlled	perform the fun r <b>section 509(a)(</b> n and complete li by its supported	ctions of, or to ca <b>2)</b> . See <b>section 5</b> nes 11e, 11f, and organization(s), t	6 <b>09(a)(3).</b> Ch d 11g. ypically by g	eck the box in iving					
the supported organizati organization. You must of <b>b</b> Type II. A supporting org control or management of organization(s). You must c Type III functionally inter	complete Part IV, Se ganization supervised of the supporting orga st complete Part IV,	ections A and B. I or controlled in connec anization vested in the s Sections A and C.	tion with its supp ame persons tha	orted organizatio t control or mana	n(s), by havi ge the supp	ng orted					
<ul> <li>its supported organization</li> <li>d Type III non-functionall that is not functionally in requirement (see instruct</li> <li>e Check this box if the org</li> </ul>	n(s) (see instructions y <b>integrated.</b> A supp tegrated. The organiz tions). <b>You must con</b> anization received a	b) You must complete I porting organization oper zation generally must satis nplete Part IV, Sections written determination from	Part IV, Sections ated in connection tisfy a distribution a A and D, and P om the IRS that it	A, D, and E. on with its suppor a requirement and art V.	ted organiza d an attentive	ation(s)					
functionally integrated, o f Enter the number of supported		nally integrated support	ing organization.								
g Provide the following informatio (i) Name of supported organization	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the organizat listed in your governing docume Yes No	ourport	(see	(vi) Amount of other support (see instructions)					
Total LHA For Paperwork Reduction Act I	Notice, see the Instr	uctions for		Sched	lule A (Form	990 or 990-EZ) 2015					

Form 990 or 990-EZ. 532021 09-23-15

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### Schedule A (Form 990 or 990 EZ) 2015 CONNECTED WARRIORS, INC.

45-3112237 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,657.	90,546.	79,900.	197,885.	162,629.	548,617.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	17,657.	90,546.	79,900.	197,885.	162,629.	548,617.
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,						4 4 4 4 4 4
	column (f)						102,715.
	Public support. Subtract line 5 from line 4.						445,902.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013 79,900.	(d) 2014	(e) 2015 162,629.	(f) Total
	Amounts from line 4	17,657.	90,546.	79,900.	197,885.	102,029.	548,617.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	3.	5.	8.	128.	57.	201
	and income from similar sources	٥.	Э.	0.	120.	57.	201.
9							
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		10.	585.	1,321.		1,916.
44	assets (Explain in Part VI.)		10.	505.	1,521.		550,734.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities.	oto (soo instructio	ane)			12	550,754.
	First five years. If the Form 990 is for		,	d fourth or fifth to	 av vear as a sectio		
10	organization, check this box and stor						X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2015 (			olumn (f))		14	%
	Public support percentage from 2014		-			15	%
	33 1/3% support test - 2015. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	<b>stop here.</b> Explair	in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2015

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### Schedule A (Form 990 or 990 EZ) 2015 CONNECTED WARRIORS, INC.

(Complete only if you checked the box on line 9 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2	)15	(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 per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support		i	1					
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	J15	(f) Total	
	Amounts from line 6								
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
h	Unrelated business taxable income								-
~	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								-
	Net income from unrelated business activities not included in line 10b, whether or not the business is regulated, earried end								
2	Other income. Do not include gain or loss from the sale of capital								
_	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3	) organiz	ation,	٦
	check this box and stop here							▶∟	_
	tion C. Computation of Public								
	Public support percentage for 2015 (I		-	column (f))		15			%
	Public support percentage from 2014					16			%
ec	tion D. Computation of Inves	stment Incom	e Percentage						
7	Investment income percentage for 20	15 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17			%
	Investment income percentage from 2					18			%
9a	33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than (	33 1/3%, a	nd line 1	7 is not	_
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly s	supported organiz	ation		▶□	
b	33 1/3% support tests - 2014. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 3	31/3%, a	and	_
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies a	as a publicly supp	orted orga	nization	►	
0	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check th					
202	3 09-23-15				Sch	edule A (F	orm 990	or 990-EZ) 20	15
				15					
	028 131409 13965.1	0.01	1 - 04020	CONNECTED	TIT DD TOD C	T110		13965_11	4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

edule A (Fo

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		×	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
0	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
0.000	supported organizations played in this regard.	3		L
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 99	ЭО-EZ)	2015

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#### Schedule A (Form 990 or 990-EZ) 2015 CONNECTED WARRIORS, INC.

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h			
6	-			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7				
'	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u> </u>				
<u>a</u> b				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e				E

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	(Form 990 or 990-EZ) 2015 CONNI				45-3112237
i ait ¥I	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c, <sup>-</sup> 3; Part IV, Section E, line	11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a and 3	art IV, Section B, line: b; Part V, line 1; Parl	s 1 and 2; Part IV, Section t V, Section B, line 1e; Parl
	Section D, lines 5, 6, and 8; and Par (See instructions.)	V, Section E, lines 2, 5, a	nd 6. Also complete	his part for any addi	tional information.
	,				
32028 09-23-1	5		2.0	Sched	lule A (Form 990 or 990-E
	131409 13965.1		20	WARRIORS,	INC. 13965

523171 04-01-15

## Identification of Excess Contributions Included on Part II, Line 5

45-3112237

### \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
JANICE AND STANLEY SUSSMAN	17,960.	6,945.
MARSHALL LEEDS	20,000.	8,985.
ODETTE ARTIME	15,000.	3,985.
PERCY ORTHWEIN	25,000.	13,985.
SEAN MORIARITY	11,110.	95.
SUMMIT BROKERAGE SERVICES, INC.	31,000.	19,985.
WILLIAM AND MARGARET GREENFIELD	59,750.	48,735.
otal Excess Contributions to Schedule A, Part II, Line 5		102,715

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

TNC

OMB No. 1545-0047

2015

Employer identification number

45-3112237

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

	conditioned, inc.	
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

CONNECTED WARRIORS

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

45-3112237

### Name of organization

ONNE	CTED WARRIORS, INC.	45	5-3112237
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT AND SHELAGH ADAMS 350 CAMINO GARDENS BLVD., STE 102 BOCA RATON, FL 33432	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ODETTE ARTIME 18 NE 13TH ST DELRAY BEACH, FL 33444	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM AND MARGARET GREENFIELD 2230 NW 23RD WAY BOCA RATON, FL 33431	\$26,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JENNIFER AND GEORGE LIGETI 2679 NW 23RD WAY BOCA RATON, FL 33431	\$10,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SEAN MORIARITY 334 MARLBOROUGH RD WEST PALM BEACH, FL 33405	\$11,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NICHOLAS AND MELISSA SADOWSKI 1604 NORTH SWINTON AVE DELRAY BEACH, FL 33444	\$6,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 10-2	22		990, 990-EZ, or 990-PF) (201
51028	3 131409 13965.1 2015.04030 CONN	ECTED WARRIORS, IN	C. 13965_11

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

		Pa	g

Employer identification number 45 - 3112237

### CONNECTED WARRIORS, INC.

Name of organization

	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
7	SUMMIT BROKERAGE SERVICES, INC. 595 SOUTH FEDERAL HIGHWAY, STE 500 BOCA RATON, FL 33432	\$ <u></u> \$	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
8	JANICE AND STANLEY SUSSMAN 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434	\$7,960.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
9	JORDAN AND BRANDY LEVINSON 201 NE SPANISH TRAIL BOCA RATON, FL 33432	\$4,900.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Payroll Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributior

Employer identification number

45-3112237

CONNECTED WARRIORS, INC.

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

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

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2015.04030 CONNECTED WARRIORS, INC.

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Name of orga	nization		Employer identification number
	TED WARRIORS, INC.		45-3112237
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follow	
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		less for the year. (Enter this info. once.) <b>S</b>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
523454 10-26-1	15	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2015

2015.04030 CONNECTED WARRIORS, INC. 13965\_11

00		0	l Eineneiel Oteterreete			OMB No. 1545-0047
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,			2015
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t	b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.irs	s.gov/for	m990.	Inspection
Nam	e of the organizati		·			identification number
		CONNECTED WARRIORS	-			5-3112237
Pa		-	ed Funds or Other Similar Funds	or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir		(b)	<u>Funda an</u>	d ather accounts
	<b>-</b>		(a) Donor advised funds	(D)	Funds an	d other accounts
1		nd of year f contributions to (during year)				
2 3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advis	ed funds	3	
	-		exclusive legal control?			Yes No
6			advisors in writing that grant funds can be			
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferrir	ıg	
	impermissible priv					Yes No
Pa			ganization answered "Yes" on Form 990, F	Part IV, lii	ne 7.	
1		servation easements held by the organizat				
		of land for public use (e.g., recreation or e			•	
		f natural habitat	Preservation of a certi	ified hist	oric struct	ure
2		n of open space	fied concernation contribution in the form	of a con	onvotion	accoment on the last
2	day of the tax yea	• •	fied conservation contribution in the form			at the End of the Tax Year
а	• •				2a	
b					2b	
С	•	,	ructure included in (a)	······ ⊢	2c	
d			after 8/17/06, and not on a historic structu			
	listed in the Natior	nal Register			2d	
3			leased, extinguished, or terminated by the		ation durir	ng the tax
	year 🕨					
4	Number of states	where property subject to conservation ea	sement is located			
5	•	tion have a written policy regarding the pe				
	,	orcement of the conservation easements				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	easemen	ts during the year
-						
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion ease	ements du	iring the year
8	►\$	viction assembnt reported on line 2(d) abo	ve satisfy the requirements of section 170(	(b)(4)(B)(i	<b>\</b>	
0						Yes No
9			ion easements in its revenue and expense			
•			tion's financial statements that describes			
	conservation ease			5		5
Pa	rt III   Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Si	milar A	ssets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and	balance s	sheet works of art,
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of pi	ublic servi	ce, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descr	ibes these items.			
b	-		SC 958), to report in its revenue statement			
			ducation, or research in furtherance of pub	blic servi	ce, provid	e the following amounts
	relating to these it				•	
					► \$	
•	.,		anuran or other similar aposts for financial		► \$	
2	•	received or held works of art, historical tre unts required to be reported under SFAS 1	asures, or other similar assets for financial	i yain, pr	ovide	
а			To (ASC 958) relating to these items:		▶ \$	
					► \$	
		eduction Act Notice, see the Instruction				dule D (Form 990) 2015
53205 11-02-	1	,				,
			26			

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Sche		ED WARRIOR						45-31			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or	Other	r Simil	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that a	are a sig	Inificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	e	. [(	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizatior	ı's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of							_	-		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Y	es" on F	orm 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		_
Par	t V Endowment Funds. Complete i								() [		
		(a) Current year	( <b>b</b> ) P	rior year	(c) Two years	раск (с	a) Three y	ears back	(e) Fou	years	раск
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administere	ed for the	e organiz	zation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
_	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		owment f	unds.							
Fai	t VI Land, Buildings, and Equipm			/ line 11e (							
	Complete if the organization answere		·						(-1) D		
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	cumulate reciation	a	( <b>d)</b> Boo	k valu	Э
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0c.)						0.
								Cabadula		- 000	0045

Schedule D (Form 990) 2015

532052 09-21-15

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.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(a) Description of investment	(b) BOOK value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

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

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

532053 09-21-15

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 CONNECTED WARRIORS, II	VC.	45-	3112237	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial S	statements With Rev	venue per Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	237,	885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	12,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	41,115.		
е	Add lines 2a through 2d		2e		115.
3	Subtract line 2e from line 1			184,	770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	· · · · · · · · · · · · · · · · · · ·				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			101	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				770.
Pa					
	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV		penses per Retu	irn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			616.
		, line 12a.			616.
1	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	, line 12a.			616.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	, line 12a.			616.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	, line 12a. 2a 2b	12,000.		616.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	, line 12a. 2a 2b 2c		192,	
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	, line 12a. 2a 2b 2c 2d	1 12,000. 41,115.	<u>    192</u> , 53,	115.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	, line 12a.	12,000. 41,115. 2e	<u>    192</u> , 53,	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	, line 12a.	12,000. 41,115. 2e	<u>    192</u> , 53,	115.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	, line 12a.	12,000. 41,115. 2e	<u>    192</u> , 53,	115.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	, line 12a.	12,000. 41,115. 2e	<u>    192</u> , 53,	115.
1 2 3 4 2 4 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	, line 12a.	12,000. 41,115. 2e 3	192, 53, 139,	<u>115.</u> 501.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	, line 12a.	12,000. 12,000. 41,115. 2e 3 4c	<u>    192</u> , 53,	<u>115.</u> 501.

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

PART X, LINE 2:

THE	ORG	ANIZ	ATI	ON	HAS	BEE	NR	ECO	GNIZ	ED E	зү ті	HE I	NTERN	AL R	EVEN	UE S	SERVIC	Έ	
("I	RS")	AS	AN	ORG	ANIZ	ZATI	ON	THA	T IS	EXE	EMPT	FRO	M FEI	ERAL	INC	OME	TAXES	UNI	DER
INT	ERNA	L RE	VEN	UE	CODE	E SE	CTI	ON	501(	C)(3	3).	FUR	THERM	IORE,	IT	HAS	BEEN		
DET	ERMII	NED	THA	тт	HE C	ORGA	NIZ	ATI	ON I	s no	от а	PRI	VATE	FOUN	DATI	ON.			
NO	PROV	ISIC	N H	AS	BEEN	J MA	DE	FOR	INC	OME	TAX	ES I	N THE	FIN.	ANCI	AL S	STATEM	IENTS	5.
FUR	THERI	MORE	:, т	HE	ORGA	NIZ	ATI	ON I	BELI	EVES	5 THZ	AT I	T HAS	APP:	ROPR	IATI	E SUPF	ORT	FOR
ANY	TAX	POS	ITI	ON	TAKE	EN,	AND	AS	SUC	н, г	DOES	NOT	HAVE	ANY	UNC	ERT	AIN TA	X	

POSITIONS. THE IRS FORM 990 AND OTHER TAX RETURNS SUBSEQUENT TO 2012

REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

532054 09-21-15

CONNECTED WARRIORS, INC.	45-3112237 Page 5
ART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNDRAISING EVENT EXPENSES	41,115.
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
UNDRAISING EVENT EXPENSES	41,115.
2055	Schedule D (Form 990) 2015

Department of the Treasury	Complete if the o	ental Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 ) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, or rm 990-EZ, line 6a. 0-EZ.	or 19	), or if the	OMB No. 1545-0047
Name of the organization		ED WARRIORS, INC.						lentification number 2237
		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	line 1		
<ul> <li>a Mail solicitatio</li> <li>b Internet and end</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization key employees listed</li> </ul>	ns mail solicitations tions sitations have a written o d in Form 990, P highest paid indi	f Solicitat g Special or oral agreement with any individual 'art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	<b>Y</b>	
(i) Name and address or entity (fundra		<b>(ii)</b> Activity	fundr have c or cor	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	( <b>vi)</b> Amount paid to (or retained by) organization
			Yes	No				
	n the organizatio	n is registered or licensed to solicit	contrib	<b>D</b> ution:	s or has been notified	d it is	exempt from	registration
or licensing.								
LHA For Paperwork Red	luction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2015

 Schedule G (Form 990 or 990-EZ) 2015
 CONNECTED WARRIORS, INC.
 45-3112237 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1 Gross receipts	200,038.			200,038
2	2 Less: Contributions	136,838.			136,838
3	3 Gross income (line 1 minus line 2)	63,200.			63,200
4	4 Cash prizes				
	5 Noncash prizes				
. 6	6 Rent/facility costs				
7	7 Food and beverages	23,239.			23,239
	8 Entertainment				2,350 15,527
1 7	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 throu	•			41,116
1	11 Net income summary. Subtract line 10 from	m line 3, column (d)		····· •	22,084
arı	rt III Gaming. Complete if the organization	on answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
-	\$15,000 on Form 990-EZ, line 6a.	1	(L) Dull tabe/instant		
		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1 Gross revenue				
2	2 Cash prizes				
. 3	3 Noncash prizes				
. 3					
. 3	3 Noncash prizes				
5	<ul> <li>3 Noncash prizes</li></ul>		Yes%	Yes%	
5	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>		└── Yes% └── No	└── Yes % └── No	
6	<ul> <li>3 Noncash prizes</li></ul>		No	No	
6	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>		No No	□ No ►	
6	<ul> <li>3 Noncash prizes</li></ul>		No No	□ No ►	
6 7 8 8	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throu</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cor</li> </ul>		No	─ No	
6 7 8 8	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through the state of the state of the organization correly in which the organization correly the organization licensed to conduct gaming</li> </ul>		No No states?	─ No	Yes N
6 7 8 8	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throu</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cor</li> </ul>		No No states?	─ No	Yes N
E a ls b lf	<ul> <li>3 Noncash prizes</li></ul>	Yes%          No         ugh 5 in column (d)          e 7 from line 1, column (d)         nducts gaming activities:         g activities in each of these	No	No	
E a ls b lf a V	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throuting</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization correls the organization licensed to conduct gaming</li> <li>If "No," explain:</li> <li>Were any of the organization's gaming licenses</li> </ul>	Yes%          No         ugh 5 in column (d)          e 7 from line 1, column (d)         nducts gaming activities:         g activities in each of these	No states?	No	
E a b b a v	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throuting</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization correls the organization licensed to conduct gaming</li> <li>If "No," explain:</li> <li>Were any of the organization's gaming licenses</li> </ul>		No states?	No	

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2015 CONNECTED WARRIORS, INC.	<u>45-3</u>	1122	237	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?			/es	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		<u>۱</u>	/es	🗌 No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility	г	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	_			,,,
•••					
	Name 🕨				
	Address				
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			/es	
100	bes the organization have a contract with a third party north whom the organization receives gaming revenue:				
h	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amo	unt			
	of gaming revenue retained by the third party $\triangleright$ \$				
	If "Yes," enter name and address of the third party:				
U	in res, entername and address of the time party.				
	Namo				
	Name				
	Address				
10					
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			/es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the			
_	organization's own exempt activities during the tax year 🕨 \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, lin	ies 9, 9	Эb, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).				
5000	33 09-14-15 Schedule	G (Earm	000 ~	r 000	E7) 2015
JJ208	33 09-14-15 Schedule 33		220 0	990	-2015
161	כט ד סססדססגע השתיאנוערט 2015 0/030 מווי 2065 1 029 131/00	JC	1	201	5 11

15461028 131409 13965.1

2015.04030 CONNECTED WARRIORS, INC. 13965\_11

	Schedule G (Form 990 or 990-EZ)
2084 -01-15	
C1000 121400 120CF 1	34
61028 131409 13965.1	2015.04030 CONNECTED WARRIORS, INC. 13965_11

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

CONNECTED WARRIORS, INC.

Employer identification number 45 - 3112237

#### FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDERS, WORLDWIDE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

OUR NEWEST PROGRAMS INCLUDE ELEVATED WARRIORS PROJECT THAT ALLOWS

VETERANS AND ACTIVE DUTY SERVICEMEMBERS TO BECOME TRAUMA-CONSCIOUS YOGA

THERAPY INSTRUCTOR AT NO COST. WE HAVE ALSO IMPLEMENTED THE

MINI-WARRIOR PROGRAM THAT PROVIDES YOGA THERAPY TO THE CHILDREN OF OUR

HEROES.

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

BOARD OF DIRECTOR MEMBERS JEFFREY WEAVER AND JUDY WEAVER ARE MARRIED.

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

THE TAX PREPARER PROVIDES THE DIRECTOR OF EDUCATION/FOUNDER AND EXECUTIVE

DIRECTOR WITH THE COMPLETED FORM 990. UPON APPROVAL BY THE

FOUNDER/DIRECTOR OF EDUCATION AND WITH NO REQUESTS FOR CLARIFICATION FROM

THE EXECUTIVE DIRECTOR, THE FOUNDER/DIRECTOR OF EDUCATION SIGNS THE REPORT

ALONG WITH THE PREPARER.

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

WE BRING UP ANY POTENTIAL CONFLICTS WITH THE EXECUTIVE COMMITTEE AND IF

NECESSARY BRING TO THE BOARD OF DIRECTORS FOR A DECISION. THE EXECUTIVE

COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD, FOUNDER, VICE CHAIRMAN,

AND CFO/TREASURER WITH INPUT FROM THE EXECUTIVE DIRECTOR.

CONNECTED WARRIORS, INC.

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

#### ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

#### THE ORGANIZATION'S BOOKS HAVE ALWAYS BEEN ON THE ACCRUAL BASIS AND THE

#### ORGANIZATION INADVERTENTLY CHECKED THE CASH BOX IN PREVIOUS YEARS.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

#### • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies needed).
	Enter filer's	s identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
<b>print</b> File by the	CONNECTED WARRIORS, INC.	45-3112237
due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 900 BROKEN SOUND PKWY, NO 125	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOCA RATON, FL 33487	

Enter the Return code for the return that this application is for (file a separate application for each return)	0	11	1

Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	990 or Form 990-EZ	01				
Form 9	990-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted	l an auton	natic 3-month extension on a previo	usly file	ed Form 8868.	
Tele If the If the $box \rightarrow$ 4 1 5 F 6 1 7 S 2		ND PKI s in the Ur Group Exe and atta NOVEM heck reas	NY, STE 125 - BOCA I         Fax No. ▶         nited States, check this box         emption Number (GEN)         emption Number (GEN)         a list with the names and EINs of al         BER 15, 2016	his is fo I memb Final r	r the whole group, cl pers the extension is	heck this
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any	80	¢	0.
-	nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069	ontor on	wrafundable gradite and estimated	<u>8a</u>	\$	0.
t	ax payments made. Include any prior year overpayment all previously with Form 8868.	lowed as a	a credit and any amount paid	8b	\$	0.
	Balance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			0
E	EFTPS (Electronic Federal Tax Payment System). See instru			80	\$	0.
	penalties of perjury, I declare that I have examined this form, includ e, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	st be completed for Part II on banying schedules and statements, and to the	-		lief,

Title 🕨 CPA Signature 🕨

Form 8868 (Rev. 1-2014)

523842 04-01-15

Page **2** 

► X