

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, and ending _____

B Check if applicable:

<input type="checkbox"/> Address change	C AMERICA'S WARRIOR PARTNERSHIP, INC. 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	D Employer identification number 47-1606321
<input type="checkbox"/> Name change		E Telephone number 706-288-6009
<input type="checkbox"/> Initial return		G Gross receipts \$ 5,018,413.
<input type="checkbox"/> Final return/terminated		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Amended return		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending		F Name and address of principal officer: SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

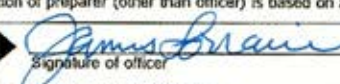
J Website: **HTTP://AMERICASWARRIORPARTNERSHIP.ORG/** **H(c)** Group exemption number ▶


K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2014 **M** State of legal domicile: GA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE CORPORATION IS TO PARTNER WITH WARRIOR-CENTRIC COMMUNITIES BY PROVIDING A PROVEN MODEL, MENTORSHIP, AND RESOURCES IN ORDER TO ADVANCE COMPREHENSIVE AND HOLISTIC WARRIOR CARE THAT WILL PROMOTE THE OVERALL WELL-BEING OF WARRIORS AND THEIR COMMUNITIES.</u>		
	2 Check this box <input type="checkbox"/> 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	16
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	5	20
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	4,391,617.	5,018,413.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	4,391,617.	5,018,413.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	2,357,371.	2,119,647.
	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).....	1,118,066.	1,171,705.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,476.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	865,327.	754,459.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,340,764.	4,045,811.
19 Revenue less expenses. Subtract line 18 from line 12.....	50,853.	972,602.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 470,196.	End of Year 1,395,961.
	21 Total liabilities (Part X, line 26).....	104,100.	57,263.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	366,096.	1,338,698.

Part II Signature Block

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

Sign Here	 Signature of officer	Date 6.19.2017
	JIM LORRAINE Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name B. WILLIAM CLEVELAND	Preparer's signature 	Date 06/30/17	Check <input type="checkbox"/> if self-employed	PTIN P00057687
	Firm's name CLEVELAND GROUP CPAS & BUSINESS ADVISORS, LLC	Firm's EIN ▶ 204917696			
	Firm's address 3740 EXECUTIVE CENTER DRIVE MARTINEZ, GA 30907	Phone no. 706-288-2800			