Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

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.

Open to Public

Inter	nal Reveni	ue Service	► Go to ı	www.irs.gov/Form990 for in	structions a	nd the lates	st information	i	Inspection
Α	For the	2020 calendar	year, or tax year begin	ning		, 2020, a	nd ending		, 20
В	Check if a	applicable:	C Name of organizationWa	rriors' Ascent				D Empl	oyer identification number
	Address of	change	Doing business as						47-1029701
П	Name cha	ange	Number and street (or P.	O. box if mail is not delivered to street	address)		Room/suite	E Telep	hone number
\equiv	Initial retu	_	1600 Genessee	St	,		304		(816)800-9276
П		rn/terminated		vince, country, and ZIP or foreign posta	al code			G Gros	s receipts
П	Amended		Kansas City, M					\$	321,163
Н		n pending	F Name and address of pri				H(a) los	_	for subordinates? Yes X No
Ш	Applicatio	in pending	F Name and address of ph	пора опові.				e all subordinat	
	Tay ayam	npt status: X 5	01(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	7			st. See instructions
	Website:		warriorsascent.) 01 32	.1		oup exemption	
		rganization: X C				V		· · · · · ·	
	art I		corporation Trust Ass	ociation Other ►	L	Year of formation	on: 2014	M State of leg	gal domicile: MO
ГС		Summary	- the everywheaticule write	ion or most significant satisfitie	D			1 614-	
	1		-	ion or most significant activitie					g techniques to
ø				ders with post-tra	imatic st	ress to	support i	lealing	through management
Governance		or mina,	body, and soul.						
ern			. □ 'r ii · · · ·	P 2 12 12 2	P 1 6		250(61)		
ò	2			n discontinued its operations o				. 1	_
⊗	3		-	• • • • • •					5
es	4		· -	s of the governing body (Part					5
Ξ	5			n calendar year 2020 (Part V,					2
Activities &	6		,	necessary)				_	8
•				Part VIII, column (C), line 12					0
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line	<u> 11</u>	••••		7b	0
							Prior '	Year	Current Year
	8		• ,	1h)				328,233	321,163
ī	9	Program servi		0					
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d) • • • •		• • • • •	•		0
æ	11			nes 5, 6d, 8c, 9c, 10c, and 11e	•				0
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		•	328,233	321,163
	13	Grants and sin	nilar amounts paid (Part	IX, column (A), lines 1-3) .			•		0
	14	Benefits paid t	o or for members (Part I	X, column (A), line 4) • • • •			•		0
	15	Salaries, other	compensation, employee	e benefits (Part IX, column (A)	, lines 5-10)		•	112,519	145,327
Expenses	16a	Professional fu	undraising fees (Part IX,	column (A), line 11e)			•	6,165	0
Sen.	b	Total fundraisi	ng expenses (Part IX, co	lumn (D), line 25) ▶		22,878			
$\bar{\Sigma}$	17	Other expense	s (Part IX, column (A), li	nes 11a-11d, 11f-24e)			•	212,651	126,597
	18	Total expenses	s. Add lines 13-17 (must	equal Part IX, column (A), line	e 25)		•	331,335	271,924
	19	Revenue less	expenses. Subtract line	18 from line 12				(3,102)	49,239
'n	S			*			Beginning of	Current Year	End of Year
Net Assets or	<u>E</u> 20	Total assets (F	Part X, line 16)				•	112,772	160,646
Ass	21	Total liabilities	(Part X, line 26)				•	1,494	129
Net	들 22	Net assets or f	fund balances. Subtract	line 21 from line 20			•	111,278	160,517
Pa	art II	Signature	Block						
				irn, including accompanying schedules ficer) is based on all information of whic			of my knowledge ar	d belief, it is	
	, сопесі, с	and complete. Decia	ration of preparer (other than on	icer) is based on all illionnation of whice	прерагет наз аг	ily kilowieuge.			
٠.		Michae	el Kenny						
Sig	ın	Signature of	of officer					Da	te
He	re	Michae	el Kenny, Execut	ive Director					
		Type or pri	nt name and title						
		Print/Type prepa	arer's name	Preparer's signature		Date	Cr	neck if	PTIN
Pa	id	Jason Go	ethe	Jason Goethe	C	17-20	21 se	lf-employed	XXXXXXXX
Pre	parer	Firm's name	Encompas	s Accounting Soluti	ions LLC		Firm's EIN	>	
Us	e Only	Firm's address	► 11515 Kr	ox St			Phone no.		
			Overland	l Park KS 66210				816-	377-0588
May	the IR	S discuss this re	eturn with the preparer sh	nown above? (see instructions))				X Yes 🗌 No

47-1029701

Form	n 990 (20		Warriors'		01	Р	age 3
Pa	rt IV	Checklist of	of Required S	Schedules			
	l - 4l			504/a\/0\ a 40.47/a\/4\ /alban, kban, a minaka farin dakira\0.16 \/a-		Yes	No
1		-		501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i>	1	x	
2	-			Schedule B. Schedule of Contributors See instructions?	2	X	
3			•	ndirect political campaign activities on behalf of or in opposition to		Α	
		-		mplete Schedule C, Part I	3		x
4				he organization engage in lobbying activities, or have a section 501(h)			
				"Yes," complete Schedule C, Part II	4		х
5	Is the o	rganization a se	ction 501(c)(4), 5	01(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessi	ments, or simila	r amounts as def	ined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the	organization ma	aintain any donor	advised funds or any similar funds or accounts for which donors			
		•		listribution or investment of amounts in such funds or accounts? If			
				• • • • • • • • • • • • • • • • • • • •	6		X
7				nservation easement, including easements to preserve open space,	_		
•				historic structures? If "Yes," complete Schedule D, Part II	7		Х
8		-		s of works of art, historical treasures, or other similar assets? If "Yes,"			•
9	•	•		Part X, line 21, for escrow or custodial account liability, serve as a	8		X
3		-		; or provide credit counseling, debt management, credit repair, or			
				plete Schedule D, Part IV	9		x
10				a related organization, hold assets in donor-restricted endowments			
				lete Schedule D, Part V	10		х
11	If the or	ganization's ans	wer to any of the	following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII	, IX, or X as app	licable.				
а		-		or land, buildings, and equipment in Part X, line 10? If "Yes,"			
	•			• • • • • • • • • • • • • • • • • • • •	11a	X	
b		-		r investments - other securities in Part X, line 12, that is 5% or more			
		-		16? If "Yes," complete Schedule D, Part VII	11b		X
С				r investments - program related in Part X, line 13, that is 5% or more	110		
d				16? If "Yes," complete Schedule D, Part VIII	11c		X
u		-		nplete Schedule D, Part IX	11d		x
e	•	•	•	or other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		-		lidated financial statements for the tax year include a footnote that addresses	1.0		
		-		ax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	_			dependent audited financial statements for the tax year? If "Yes," complete			
	Schedu	ıle D, Parts XI a	nd XII		12a		х
b				idated, independent audited financial statements for the tax year? If			
		-		"No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13				section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		•		mployees, or agents outside of the United States?	14a		X
b		•		enues or expenses of more than \$10,000 from grantmaking,			
		-		ogram service activities outside the United States, or aggregate	14b		•
15	_			or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13			•	omplete Schedule F, Parts II and IV	15		x
16	-			olumn (A), line 3, more than \$5,000 of aggregate grants or other			
				If "Yes," complete Schedule F, Parts III and IV	16		x
17			-	e than \$15,000 of expenses for professional fundraising services on			
				"Yes," complete Schedule G, Part I See instructions	17		x
18				5,000 total of fundraising event gross income and contributions on			
	Part VII	I, lines 1c and 8	Ba? If "Yes," com	plete Schedule G, Part II	18	x	
19				5,000 of gross income from gaming activities on Part VIII, line 9a?			
		•		••••••	19		x
20 a		-		e hospital facilities? If "Yes," complete Schedule H	20a		X
			_	attach a copy of its audited financial statements to this return?	20b		
21				,000 of grants or other assistance to any domestic organization or	21		•
	uomest	io governinent C	ni i ait in, coluffi	n (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	ı	X

20) Warriors' Ascent	17-10297	01	Р	age 4
Checklist of Required Schedules (continued)				
	,		Yes	No
organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 	22		x
organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
ation's current and former officers, directors, trustees, key employees, and highest compensated				

Par	Statements Regarding Other IRS Filings and Tax Compliance			
D-		30	Λ	
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	or IV, and Part V, line 1	34		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	complete Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	conservation contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	"Yes," complete Schedule L, Part IV	28c		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	"Yes," complete Schedule L, Part IV	28a		X
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
00	persons? If "Yes," complete Schedule L, Part III	27		X
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		X
		26		v
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	If "Yes," complete Schedule L, Part I	25b		x
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	to defease any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	employees? If "Yes," complete Schedule J	23		x
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			

	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	6				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?			10	x		

Form 990 (2020) Warriors' Ascent

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 47-1029701 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	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			
e	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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 • • • • • • • • • • • • • • • • • • •	7h		X
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		•		X
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	35		A
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) Warriors' Ascent 47-1029701

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	$supervision \ of \ of ficers, \ directors, \ or \ trustees, \ or \ key \ employees \ to \ a \ management \ company \ or \ other \ person? \ . \ . \ . \ . \ . \ . \ . \ . \ . \ $	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
14.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	.,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	Α.	x
 15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Kansas, Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website ▼ Another's website ▼ Upon request □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Michael Kenny (816)800-9276, 1600 Genessee St, Kansas City, MO 64102			

EEA

Form 990 (2020) Warriors' Ascent 47-1029701 Page 7

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

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

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

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

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

Check this box if neither the organization nor any relati		ion co	mpens	ated	any cur	rent	officer, director, or	trustee.	
				(C)					
(A)	(B)			Position			(D)	(E)	(F)
Name and title	Average	١ ,			than one is both ar		Reportable	Reportable	Estimated amount
Trains and the	hours				or/trustee)		compensation	compensation	of other
	per week					\neg	from the	from related	compensation
	(list any	9.5	=	0 2	9 1	7	organization	organizations (W-2/1099-MISC)	from the organization and
	hours for		Institutional trustee	Officer	Highest compensate employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	related organizations
	related	director	ğ	7	st c	ā			
	organizations	trus	al tr	1 3					
	below	stee	uste	,	ens				
	dotted line)		ď		ated				
(1) Michael Kenny	40.00								
Executive Director				Х			78,000	0	0
(2) Greg Forney	2.00								
Vice President				X			0	0	0
(3) Phil Bressler	2.00								
President			:	X			0	0	0
(4) Molly Kerr	2.00						_	_	_
Treasurer				X			0	0	0
(5)									
<u>(6)</u>									
(7)									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

Form 9	90 (2020) Warriors Ascent									47	7-1029	701	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m	son i	han one s both ai r/trustee)	n	(D) Reportable compensation from the organization	(E) Reporta compensa from rela organiza	able ation ated	con	(F) ated among of other on the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-I		orgar	nization	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)			4							\				
(22)			I											
(23)														
(24)														
(25)														
1b	Subtotal	ion A	<i>.</i>	•	• •	• •	• • •	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)			• • •		• •	• • •	• •	78,000		0			0
2	Total number of individuals (including but not limit								•	of				
	reportable compensation from the organization													0
_	200												Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i>						_					3		x
4	For any individual listed on line 1a, is the sum of re										• • • •			
	organization and related organizations greater th													
	individual											4		X
5	Did any person listed on line 1a receive or accrue	•		-			-					_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Scnea	uie c) TOF	suc	n pers	son	• • • • • • •		• • • •	5		<u> </u>
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of				
	compensation from the organization. Report comp										ax year.			
	(A)								(B)			(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
								<u></u>						
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-				ted	above)) wh	0					

Form 990 (2020) Warriors' Ascent
Part VIII Statement of Revenue 47-1029701 Page 9

		Check if Schedule O contains a response or r	ote to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					000.00.000
	b	Membership dues 1b					
ants	С	Fundraising events 1c	73,135				
ي ق	d						
ifts r A	е	Government grants (contributions) 1e					
s, Bila	f	All other contributions, gifts, grants,					
r Si		and similar amounts not included above 1f	248,028				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in					
nd (lines 1a-1f	\$				
Oa	h	Total. Add lines 1a-1f		321,163			
			Business Code				
ø.	2a						
ه <u>ج</u>	b						
Se	С						
Program Service Revenue	d						
ρ. L	e						
ā		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, other similar amounts)					
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a		() 1 5.05.1.2.				
		Less: rental expenses 6b					
	l .	Rental income or (loss) 6c					
	l .	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
Revenue	l .	Gain or (loss) 7c					
æ		Net gain or (loss)	· · · · · · · ·				
Othe	8a	Gross income from fundraising					
0		events (not including \$ 73,135					
		of contributions reported on line 1c). See Part IV, line 18					
	h	Less: direct expenses	<u> </u>				
			· · · · · · · •				
	l .	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 91					
	С	Net income or (loss) from gaming activities • •	▶				
	10a	Gross sales of inventory, less					
		returns and allowances <u>10</u>	a				
	l .	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory					
			Business Code				
ous ie	11a						
Miscellanous Revenue	b						
Rev	G G	All other revenue					
Ĕ		Total. Add lines 11a-11d					
		Total revenue. See instructions		321,163	0	0	0
				, , = = •	<u> </u>	<u>. </u>	<u>. </u>

Form 990 (2020) Warriors' Ascent 47-1029701 Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX <u>....</u>....<u>X</u> (B) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 5 Compensation of current officers, directors, 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 135,000 114,750 6,750 13,500 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 10,327 8,778 516 1,033 Fees for services (nonemployees): b Legal...... 4,107 4,107 С Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column 1,610 (A) amount, list line 11g expenses on Schedule O.) 2,785 1,175 12 Advertising and promotion 2,801 2,801 13 180 42 138 12,457 14 7,538 4,023 896 15 6,889 509 16 6,380 14,993 17 14,993 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 20 21 22 Depreciation, depletion, and amortization 23 2,709 2,709 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Counseling 2,865 2,865 Yoga Instructors 4,850 4,850 Development 44,345 44,345 С d 14,902 6,949 e All other expenses 27,616 5,765 217,474 31,572 25 Total functional expenses. Add lines 1 through 24e. . 271,924 22,878 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

following SOP 98-2 (ASC 958-720)

47-1029701 Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	111,272	1	122,241
	2	Savings and temporary cash investments		2	<u> </u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,500	4	31,500
	5	Loans and other receivables from any current or former officer, director,	•		•
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	6,905
-	10a	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 2,272			
	b	Less: accumulated depreciation 10b 2,272		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	112,772	16	160,646
	17	Accounts payable and accrued expenses	526	17	129
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages 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	968	25	
	26	Total liabilities. Add lines 17 through 25	1,494	26	129
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
ģ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	111,278	27	160,517
ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
臣		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds • • • • • • • •		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	111,278	32	160,517
	33	Total liabilities and net assets/fund balances	112,772	33	160,646
EEA					Form 990 (2020)

Form **990** (2020)

Form 990 (2020) Warriors' Ascent 47-1029701 Page 12

Part XI Reconciliation of Net Assets

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 3b Were the organization's financial statements audited basis, or both: 3c Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b x If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3c Separate basis Consolidated basis Both consolidated and separate 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Pai	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 49, 233 489, 233 489, 233 481, 233 482, 233 482, 233 483 484, 233 484		Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
3 49,239 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 111, 278 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 7 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1			321,	163
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 160,517 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Here Yes," leck a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis both: If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required t	2	Total expenses (must equal Part IX, column (A), line 25)	2			271,	924
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Tenancial Statements and Reporting 10 Tenancial Statements and Reporting 11 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	3			49,	239
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 160, 517 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis or both: Separate	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			111,	278
7 Investment expenses 8 7 8 9 0 0 10 10 10 10 10	5	Net unrealized gains (losses) on investments	5				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Info, 517 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b x If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c 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 c 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 a 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 If the organization changed either its oversight process or selection process during the tax year, explain on 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	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements and the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization's financial statements and selection for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis The organization structure of 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? The organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? The organization did not undergo the organization undergo the required audit or audits? If the organization did not undergo the	7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? By Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? By Separate basis, consolidated basis Both consolidated and separate basis c 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: Separate basis, consolidated basis Both consolidated and separate 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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	8	Prior period adjustments	8				
32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
Check if Schedule O contains a response or note to any line in this Part XII Yes Note Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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: Separate basis, consolidated basis Both consolidated and separate 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 If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a x b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Accounting method used to prepare the Form 990:		32, column (B))	10			160,	517
Accounting method used to prepare the Form 990:	Pai	rt XII Financial Statements and Reporting					
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					. 🗌
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_		Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_				
Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b x If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a x b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.					
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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 compiled or					
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: Separate basis Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a		reviewed 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: Separate basis Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	Were the organization's financial statements audited by an independent accountant?		[2b		X
Separate basis Consolidated basis Both consolidated and separate 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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? 5 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
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? If the organization changed either its oversight process or selection process during the tax year, explain on 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		separate basis, consolidated basis, or both:					
the audit, 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 on 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		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
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?		the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		
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?		If the organization changed either its oversight process or selection process during the tax year, explain on					
Single Audit Act and OMB Circular A-133?		Schedule O.					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	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?			3a		x
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
- q , . p		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>.</u>	3b		

EEA Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Warriors' Ascent 47-1029701 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total

Warriors' Ascent 47-1029701 Schedule A (Form 990 or 990-EZ) 2020 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2016 Calendar year (or fiscal year beginning in) ▶ (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10.. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

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

 Schedule A (Form 990 or 990-EZ) 2020
 Warriors' Ascent
 47-1029701
 Page 3

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization rails to quality	<i>t</i> under the tes	sis listed belo	w, piease coi	iipiete Fart i	1.)	
	ction A. Public Support	(-) 0040	(h) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) Talal
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	284,517	389,635	423,180	429,792	271,458	1,798,582
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose				+		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	26 940	202 701	62 624	E6 012	48 003	206 100
4	Tax revenues levied for the	26,849	202,701	62,624	56,012	48,003	396,189
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ů	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	311,366	592,336	485,804	485,804	319,461	2,194,771
	Amounts included on lines 1, 2, and 3	311/300	332,330	103/001	103/001	319,101	2/131/111
	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				-9 1		
С	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from						
	line 6.)						2,194,771
Sec	ction B. Total Support				'		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	311,366	592,336	485,804	485,804	319,461	2,194,771
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	311,366	592,336	485,804	485,804	319,461	2,194,771
14	First 5 years. If the Form 990 is for the orga				-	. , , ,	
	organization, check this box and stop here			• • • • • • •	• • • • • • •	• • • • • • • •	▶ □
	ction C. Computation of Public Suppor			1(0)		145	100 000/
	Public support percentage for 2020 (line 8, c					15	100.00 %
	Public support percentage from 2019 Sched			• • • • • • • •	• • • • • •	16	100.00 %
	ction D. Computation of Investment Inc			10! /	(f\)	47	
17	Investment income percentage for 2020 (line					17	0.00 %
	Investment income percentage from 2019 Sc					18 than 22 1/20/	0.00 %
ıya	1 33 1/3% support tests - 2020. If the organiz						
L	17 is not more than 33 1/3%, check this box	-	_	-			
D	33 1/3% support tests - 2019. If the organiz						
20	line 18 is not more than 33 1/3%, check this	-	_	•			
4 U	Private foundation. If the organization did n	iol chieck a DOX	OIT IIII C 14, 198	a, or 190, CHECK	tille bux allu	อฮฮ การแนบแบทร	3 ▶ ∐

Schedule A (Form 990 or 990-EZ) 2020 **Warriors' Ascent** 47-1029701 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	162	140
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
O		
7		
8		
0		
9a		
9b		
an		
9с		
10a		
ıva		
10b		
 000	000 F	7\ 0000

Par	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	ion of Type II outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)).
a				
b				
С		see in	struct	tions)
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.L.		
9	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, , , , , , , , , , , , , , , , , , ,			

Page 6

Schedule A (Form 990 or 990-EZ) 2020 Warriors ' Ascent

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 47-1029701

Pai 1				in in Part VI) Soo	
'	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			-	
	instructions. All other Type in non-functionally integrated supporting organiz	zation	•	(B) Current Year	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1		(optional)	
<u>.</u>	Recoveries of prior-year distributions	2			
_ _ _	Other gross income (see instructions)	3			
	Add lines 1 through 3.	4			
	Depreciation and depletion	5			
	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			
	•			(B) Current Year	
Sec	tion B - Minimum Asset Amount		(A) Prior 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 Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	etion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
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-functionally	integr	ated Type III supporting	organization	
	(see instructions).	_	_		

EEA

Schedule A (Form 990 or 990-EZ) 2020 Warriors 'Ascent 47-10.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 47-1029701

Sec	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exem							
	Amounts paid to supported organizations to accomplish exempt Amounts paid to perform activity that directly furthers exempt	1						
_	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes	3						
	Amounts paid to acquire exempt-use assets	4						
	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5				
	Other distributions (describe in Part VI). See instructions.	orido dotano in i die vij		6				
	Total annual distributions. Add lines 1 through 6.			7				
	Distributions to attentive supported organizations to which the	organization is respons	ive	-				
-	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
	Line 8 amount divided by line 9 amount			10				
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020			
	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
	Excess distributions carryover, if any, to 2020							
	From 2015							
	From 2016							
	From 2017							
	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
<u> </u>	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from							
_	Section D, line 7: \$ Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
	Remaining underdistributions for years prior to 2020, if							
•	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
d	Excess from 2019							
	Excess from 2020							

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

47-1029701 Warriors' Ascent Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** 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 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 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

47-1029701

Warriors' Ascent 47-1029701 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person 1 **Veterans United Foundation Payroll** Noncash 1400 Veterans United Dr 27,000 (Complete Part II for noncash contributions.) Columbia MO 65203 (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 Person Decon Labs **Payroll** 60,000 Noncash 460 Glennie Circle (Complete Part II for King Of Prussia PA 19406 noncash contributions.) (c) (a) (b) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution **Person** 3 Prairie Land Farms **Payroll** Noncash 10900 Tiffany Springs Rd 10,000 (Complete Part II for Kansas City MO 64153 noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 No. Type of contribution **Person** 4 Honeywell FM&T **Payroll** Noncash 14520 Botts Rd 15,000 (Complete Part II for Kansas City MO 64147 noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person X 5 Harvey County Domestic Violence TF **Payroll** Noncash 30,000 PO Box 942 (Complete Part II for noncash contributions.) Newton KS 67114 (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person **Payroll** Noncash \$ (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Name of the organization Warriors' Ascent 47-1029701 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 🗌 Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Sched	edule D (Form 990) 2020 Warriors' Ascent			47-10297		Page 2
Pa	art III Organizations Maintaining Collection	s of Art, Historical	Treasures, or C	Other Similar Ass	sets (cor	tinued)
3	Using the organization's acquisition, accession, and other re	cords, check any of the fo	ollowing that make sig	nificant use of its		
	collection items (check all that apply):	_				
а	Public exhibition	d ∐ Loa	n or exchange progra			
b	Scholarly research	e 📙 Oth	er			
С	Preservation for future generations					
4	Provide a description of the organization's collections and ex	kplain how they further the	e organization's exem	pt purpose in Part		
	XIII.					
5	During the year, did the organization solicit or receive donati					
D	assets to be sold to raise funds rather than to be maintained	as part of the organization	on's collection?	• • • • • • • • •	Yes	No
Pa	Escrow and Custodial Arrangements.	/" 000 I	2			
	Complete if the organization answered "990, Part X, line 21.	res" on Form 990, i	Part IV, line 9, or	reported an amol	unt on Fo	orm
1a	Is the organization an agent, trustee, custodian or other inter	mediary for contributions	or other assets not			
					. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and complete t	he following table:				
				Amo	unt	
С	Beginning balance			lc		
d	Additions during the year			ld		
е	······································			le		
f	•			if		
2a						∐ No
b		he explanation has been	provided on Part XIII	• • • • • • • • •		
Pa	art V Endowment Funds.	, II = 200 F				
	Complete if the organization answered "				1	
	(a) Current ye	ear (b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1a						
b				,		
С	31,311 1,111					
a	losses		1			
u						
е						
	Administrative expenses					
'						
g 2	Provide the estimated percentage of the current year end ba	lance (line 1g. column (a)) held as:			
a		%) Held as.			
b		- /6				
C						
	Term endowment ▶ %					
٠						
	The percentages on lines 2a, 2b, and 2c should equal 100%		nd administered for the	3		
3a	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the org		nd administered for the	3	Т	es No
	The percentages on lines 2a, 2b, and 2c should equal 100%	anization that are held ar				es No
	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the orgorganization by:	anization that are held ar			3a(i)	es No
	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the orgorganization by: (i) Unrelated organizations	anization that are held ar	• • • • • • • • • •			es No
3a	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the orgorganization by: (i) Unrelated organizations	anization that are held ar	• • • • • • • • • •		3a(i) 3a(ii)	es No
3a b 4	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the orgorganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations listed as	anization that are held ar	• • • • • • • • • •		3a(i) 3a(ii)	es No
3a b 4	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the orgoganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations listed as Describe in Part XIII the intended uses of the organization's	anization that are held are held are held are held are held are required on Schedule R? endowment funds.			3a(i) 3a(ii) 3b	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		2,272	2,272			
е	Other						
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

EEA Schedule D (Form 990) 2020

Part VII	990) 2020 Warriors' Ascent Investments - Other Securities.	•			47-1029701	Page 3
Pail VII	Complete if the organization answered	d "Yes" on For	m 990 Part IV	line 11h See	e Form 990 Part X	line 12
	(a) Description of security or category (including name of security)	<u>a 100 0111 01</u>	(b) Book value	110 115.000	(c) Method of valuati	on:
(1) Financial	derivatives				- Cook of one of your marke	· raido
` '	eld equity interests	• • • • • • •				
(3) Other	. ,					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	n (b) must equal Form 990, Part X, col. (B) line 12	2)				
Part VIII	Investments - Program Related.	2.)•••••				
r die viii	Complete if the organization answered	d "Yes" on For	m 990. Part IV.	line 11c. See	e Form 990. Part X	. line 13.
	(a) Description of investment	<u> </u>	(b) Book value	1110 1101 000	(c) Method of valuati	
	(a) Description of investment		(b) Book value		Cost or end-of-year market	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8) (9)						
	nn (b) must equal Form 990, Part X, col. (B) line 13	3)				
Part IX	Other Assets.),, · · · · · · · · · ·				
I dit ix	Complete if the organization answered	d "Yes" on For	m 990. Part IV.	line 11d. See	e Form 990. Part X	(. line 15.
-		escription	,			Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Table (0. /	(1) 15 200 5 17 17 17	- \				
Part X	on (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	<i>5.)</i> •••••			. •	
Fait X	Complete if the organization answered	d "Yes" on For	m 990, Part IV,	line 11e or 1	1f. See Form 990,	Part X,
	line 25.					
1.	(a) Description of liability	(b) Book v	value			
	income taxes					
(2)		İ				

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)		
(3)		
_ (4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) n	nust equal Form 990, Part X, col. (B) line 25.) •	>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.
 Schedule D (Form 990) 2020
 Warriors' Ascent
 47-1029701
 Page 4

Pa	t XI Reconciliation of Revenue per Audited Financial Statemer		r Return.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	la	
b	Other (Describe in Part XIII.)	łb	
С	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		per Return.
	Complete if the organization answered "Yes" on Form 990, P.	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		2a	
b	• •	2b	
С		2c	
d	` '	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	· · · · · · · · · · · · · · · · · · ·	ła	
b		lb	
c	Add lines 4a and 4b		4c
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • •	5
	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	a 1 b and Ob. Dort V. line 4. D	laut V line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		rart X, line
۷, ۲۵	it XI, lines 20 and 40, and Fart XII, lines 20 and 40. Also complete this part to provide any a	luditional information.	

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	.
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
a Mail solicitations e Solicitation of non-government grants	
b ☐ Internet and email solicitations f ☐ Solicitation of government grants	
c ☐ Phone solicitations g ☐ Special fundraising events	
d In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be	
compensated at least \$5,000 by the organization.	
(iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) A	mount paid to
(i) Nativity custody or control of (ii) Activity (or retained by)	etained by)
or entity (fundraiser) (ii) Activity contributions? from activity fundraiser listed in col. (i)	ganization
Yes No	
1	
2	
3	
4	
5	
otal	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	
registration or licensing.	
-	

47-1029701

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Auction Trail Race None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts Less: Contributions 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs 6 Direct Expenses Food and beverages 7 8 Entertainment Other direct expenses 10 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

SCHEDULE 0 (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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

Warriors' Ascent

47-1029701

01. Officer, directors, etc. family relationship (Part VI, line 2)
Phil Bressler and Molly Kerr are brother and sister.
02. Governing body decisions (Part VI, line 7b)
Board decisions are voted upon and subject to approval by board members. These include the
acquisition of new board members and decisions that incur significant legal and financial
liability to the organization and its officers.
03. Form 990 governing body review (Part VI, line 11)
The board will review 990 individually and discuss at next board meeting.
04. Conflict of interest policy compliance (Part VI, line 12c)
The board ensures no relationships or undue influence which may affect or impact
procurement of goods and services to Warriors' Ascent.
05. CEO, executive director, top management comp (Part VI, line 15a)
Market value for executive directors of similar sized non profit organizations within the
Kansas City area is considered when evaluating compensation structure.
06. Other officer or key employee compensation (Part VI, line 15b
Other officer and key employee compensation is based on market rates for other non profit
organizations in the Kansas City area.
07. Governing documents, etc, available to public (Part VI, line 19)
All governing documents are available to the general public made available upon request.

IRS *e-file* Signature Authorization

OMB No. 1545-0047 for an Exempt Organization For calendar year 2020, or fiscal year beginning 2020 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpaver identification number Warriors' Ascent 47-1029701 Name and title of officer or person subject to tax Michael Kenny, Executive Director Type of Return and Return Information (Whole Dollars Only) 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, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ 6a Form 990-T check here► b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to and that I have examined a copy , (EIN) _ of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize Encompass Accounting Soluti to enter my PIN 29701 as my signature **ERO firm name** Enter five numbers, but do not enter all zero on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 03-21-2021 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. 432191 52766 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm

that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > Jason Goethe Date > 04-17-2021

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement Page 1 Name(s) as shown on return Warriors' Ascent FEIN 47-1029701

Fees for Non Employee Services Other Program

Description		Amount
Contracted Program Services	\$	1,610
2	Total: \$	1,610

Fees for Non Employee Services Other Fundraising

Description	Amou	nt
Contracted Fundraising Services	\$	1,175
	Total: \$	1,175

Stmt of Funct Exp - Other - Program Expenses

Description		Amount
Conferences and registrations		\$ 300
Copying and Printing		815
Gifts		165
Meals food and drink		6,780
Postage		666
Supplies		6,176
	Tot	al: \$ 14,902

Stmt of Funct Exp - Other - Mgmt and General

Description	Amount
Bank Service Charges	\$ 6,240
Dues and Subscriptions	370
Registration and Filing Fees	11
Supplies	328
Total:	\$ 6,949

Part IX - Stmt of Functional Exp - Fundraising

Description	 Amount
Auction Expense	\$ 4,285
Supplies	1,480
Total:	\$ 5,765

N0 * Item is included in UBIA See "UBIA" in lower right corner.

Name(s) as shown on return for Section 199A calculations. Warriors' Ascent Furniture Description 01112018 Date Cost 1,076 Adjustment Basis percentage Business 100.00 Section 179 **Depreciation Detail Listing** Program Services
For your records only Depreciable Basis 1,076 1,076 5 Life EXP Method 0 Rate Depreciation Prior Social security number/EIN 47-1029701 Current Depreciation Accumulated Depreciation 2020 PAGE 1 Current AMT

Land Amount Net Depreciable Cost

1,076

CY 179 and CY Bonus TOTAL CY Depr including 179/bonus

ST ADJ:

Next	Year's	Depreciation	Worksheet
ITOAL	i cai 3	Depreciation	WOIKSHEEL

2020

(Keep for your records)

Name(s) as ahown on return

Warriors' Ascent

47-1029701

Warr.	iors' Asc	ent				47-1	L029701
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Furniture	01-11-2018	1,076	EXP	5	
				,			
		· ·					
	1		1	1	1	1	1