Fo	r
EEA	(

Form **990**

Α в

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2023 calendar year, or tax year beginning

C Name of organization

Δ Α	ddress ch	ange	Doing busi	ness as							46-269	3628	
□ N	ame chan	ige	Number an	d street (or P.O. bo	x if mail is not delivered t	o street address)		Room/su	iite	E Telep	ohone number		
l Ir	itial returr	ı	1801 Robert Fulton Drive Suite 440								(703)9	29-6101	
□ F	inal return	/terminated	City or town	n, state or province,	, country, and ZIP or forei	ign postal code				G Gros	ss receipts		_
Δ Α	mended re	eturn	Rest	on, VA 201	91					\$		455,14	1
Δ Α	pplication	pending	F Name and	address of principa	l officer:				H(a) Is this a	group return	for subordinates?	Yes X M	
									H(b) Are all	subordina	tes included?	Yes N	١o
I Ta	ax-exempt	t status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	' attach a li	ist. See instructi	ons	
J M	/ebsite:			RSETHOS.OF	RG		-		H(c) Group	exemption	number		
K F	orm of org	anization: X	Corporation	Trust Ass	ociation Other		L Year of formati	on: 20	13 M	State of le	gal domicile:	VA	_
Par		Summar					I				0		_
	1	Brieflv descri	be the organ	nization's missio	on or most significa	nt activities: Pro	vides ass	sistan	nce in t	he ca	reer pla	anning.	
		•	-		•	nt of veterans							
Activities & Governance				r transiti		<u></u>	/ nounded	5027	200	2010	<u>una 01101</u>		<u> </u>
rna	-	<u></u>	40 011011										
vel	2	Check this b	ox 🗌 if the	organization d	iscontinued its oper	rations or disposed of	more than 25%	6 of its n	et assets				—
ö				0	ning body (Part VI,	•				3	1	11	
oo س			0	0	0,000	ody (Part VI, line 1b)				4		10	—
tie			•	•	calendar year 2023	• • • •				5		0	—
ť				rs (estimate if r	,	· · · · · · · · · · · · · · ·				6		10	—
Ac				·	Part VIII, column (C					7a			—
					from Form 990-T, P		 			7a 7b		0	—
					1011 F0111 990-1, F			<u> </u>			0	0	—
	8	Contributions	ond grapta	(Dort)/III line	16)				Prior Year		Curi	rent Year	_
e			-	(Part VIII, line					36	7,663		414,80	
nué		0		e (Part VIII, line	0,								0
Revenue						d)				7,221		3,53	
R						c, and 11e)				2,983)		(116,41	_
				• · ·	•	, column (A), line 12)			20:	1,901		301,92	2
					X, column (A), lines								0
					, column (A), line 4	,							0
S						column (A), lines 5-10)			840			0
Expenses			-		olumn (A), line 11e))							0
cpe			• ·		umn (D), line 25)		12,349	-					
ш					es 11a-11d, 11f-24e				509	9,885		463,41	8
		-		•	equal Part IX, colun	nn (A), line 25) •			51	0,725		463,41	8
	_	Revenue les	s expenses.	Subtract line 1	8 from line 12 .				(30)	8,824)		(161,49	6)
ts or ances								Begi	inning of Curr	ent Year	End	of Year	_
sets	20	Total assets	(Part X, line	16)					559	9,320		426,43	0
Net Assets Fund Balar	21	Total liabilitie	s (Part X, lin	e 26) • • •					1	5,170		43,77	6
					ne 21 from line 20				544	4,150		382,65	4
Pai		-	re Block										_
						ng schedules and statement mation of which preparer has		of my know	ledge and beli	ef, it is			
,					,					1			
C :	.	JARE	D SHEPAF	RD									
Sigr		Signature of offic	cer							Da	ate		
Here	∍∟	JARE	D SHEPAF	RD, FOUNDE	R / CHAIRMAN	1							
	-	Type or print nar	me and title										
		Print/Type pre	eparer's name		Preparer's signature		Date		Check	if	PTIN		-
Paic	1	Glenn F	rank				05-03-20	24	self-en	nployed	P0062	5549	
Pre	oarer	Firm's name		JS MILLE	R GROUP, PLI	LC		I	Firm's EIN				
Use	Only	Firm's address	s	818 CONN	ECTICUT AVE	NW ST 900		1	Phone no.				
				Washingt	on DC 20006					202-	-345-363	3	
May t	he IRS	discuss this I	return with th		wn above? See ins	structions						Yes 🗌 No	,
For F	aperwo	ork Reductio	on Act Notic	e, see the sep	arate instructions						F	orm 990 (202	3)
				•								`	1

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Warriors Ethos Inc

, 2023, and ending

OMB No. 1545-0047

2023

Open to Public

Inspection

, 20

D Employer identification number

Forn	n 990 (2023) Warriors Ethos Inc	46-2693628	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission:		
	Provides assistance in the career planning, professional development and place	ement of ve	eterans,
	wounded service members and their families throughout their transition.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	;,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 295,279 including grants of \$) (Revenue	\$)
	Transition assistant: Assisting service members with transitioning from milit	ary to civ:	ilian
	employment.		
4b	(Code:) (Expenses \$ 53,435 including grants of \$) (Revenue	\$)
	EDUCATION: Involves the sharing of information and instructional/training opport	ortunities	•
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	ENGAGEMENT: The act of creating meaningful introductions for intentional care	·	planning
	and workfoce development.		<u> </u>
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 348,714	/	
		Eor	m 000 (2023)

Form		593628	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	· ·		<u>^</u>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а				
a	complete Schedule D, Part VI	. 11a		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	· · · · · · ·		x
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		
~				x
U	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	. 11c		
ы	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.4		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· 11e		x
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. <u>11f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	· 12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	· 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		х

	1 990 (2023) Warriors Ethos Inc rt IV Checklist of Required Schedules (continued)	46-26936	28	Р	age 4
Iu				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	I			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		Ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		┝───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		051		
	If "Yes," complete Schedule L, Part I	• • • • •	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II		20		
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		26		x
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • • •	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				ĺ
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		254		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		30		x
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		0/		<u>x</u>
	19? Note: All Form 990 filers are required to complete Schedule O		38	х	ĺ
Par				л	·
. u	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	8			_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u></u> .	1c	х	

Form	990 (2023) Warriors Ethos Inc 46-26936	28	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
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			
е	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-C?	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	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
a ⊾	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.) 11b 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	120		
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		
ũ	Note: See the instructions for additional information the organization must report on Schedule O.	ieu		
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 O	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

_	m 990 (2023) Warriors Ethos Inc 46-26936	28		age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	nd for	a "No	״
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e inst	ructio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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 1 1 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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 officers, directors, 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		x
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 O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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	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	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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	ction C. Disclosure			L
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
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.			
	X 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.			
-	Jared Shepard (703)929-6101, 1801 Robert Fulton Drive Suite 440, Reston, VA 20191			
	,,,			

Form 990 (2023) Warriors Ethos Inc	46-2693628 Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated Employees, and								
	ndependent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. C	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete thi	s table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the								
organization's ta	x year.									
	e organization's current officers, directors, trustees (whether individuals or organizations), Enter -0- in columns (D), (E), and (F) if no compensation was paid.	regardless of amount of								

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			00110		(C)	, cuire				
(A)	(B)				sition			(D)	(E)	(F)
(A) Name and title	(D) Average hours per week	box,	unles	s per	son is	nan one s both an /trustee)	l	Reportable compensation from the organization (W-2/	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) HEATHER WOODALL Board member/Executive director	40.00	x						122,571	0	0
(0)	10.00	•						,,,,,,	5	0
(2) KEN SPEDDEN BOARD MEMBER	<u> </u>	x						o	0	0
(3) FLORENT_ GROBERG	10.00							y	, j	
BOARD MEMBER	- <u>-</u>	x						o	о	0
(4) ANTONIO TURNER	10.00									
BOARD MEMBER		х						0	0	0
(5) JARED SHEPARD FOUNDER / CHAIRMAN	<u>10.00</u>	x						0	0	0
(6) TONY_CRESCENZO	3.00									
BOARD MEMBER		х						0	0	0
(7) DAVID_VARDEMAN	10.00									
BOARD TREASURER		х						0	0	0
(8)MIKE_BRAUER	10.00									
BOARD SECRETARY		х						0	0	0
(9) JAMES HOWELL	10.00									
BOARD MEMBER		х						0	0	0
(10)MARK_MITCHELL	10.00									
BOARD MEMBER		х						0	0	0
(11) MARK_CLARK	10.00									
BOARD MEMBER		х						0	0	0
<u>(12)</u>										
(13)										
<u>(14)</u>										
	1									

	990 (2023) Warriors Ethos In								links at Oama		6-2693		Page 8
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	-mp	-		s, an		lignest Comp	ensated	Empl	oyees	(continued)
	(A) Name and title	(B) Average hours per week	box	, unles	Po: leck m ss pei	son is	han one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	c com	(F) ted amount of other pensation om the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	organi	zation and organizations
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
<u>(25)</u>													
1b c d	Subtotal Subtotal Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)		· · · · · · ·	· · · ·	· · · ·	· ·	· · · ·		122,571		0		0
2	Total number of individuals (including but no reportable compensation from the organiza	ot limited to						'no i		an \$100,0	-		1
3	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>	-		yee,	or hi	ghes	st com	pens	sated			3	Yes No
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	\$150,000? <i>li</i>	f "Yes,'	' con	nplet								
5	individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If "Yes,"</i> of	compensatio	n from	any	unre		-				 	4	x
	on B. Independent Contractors												
1	Complete this table for your five highest con compensation from the organization. Report	-	-										ax year.
	(A) Name and business addres	s							(B) Description of servic	es		(C) Compensat	lion
Heatl	ner Woodall, 2208 Piccadilly Cour	t Naples	s FL	34:	112			Int	terim Exc Di	<u>c</u>		1:	22,571
	Total number of independent contractors (ir		t not l	imit	24 +	- +h-		otor					
2	received more than \$100,000 of compensa	-					056 11	ອເປັ		1			

Form 99			nos Inc				46-26936	28 Page 9
Part		Statement of Revenue						
		Check if Schedule O contains	s a respons	se or note to any l	ine in this Part V	/III		[
					(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					
6	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		197,392				
uo C	d	Related organizations						
Giffs ar A	е	Government grants (contributions)	1e					
ns, (imil	f	All other contributions, gifts, grants,						
erS		and similar amounts not included ab	ove 1f	217,414				
Otp	g	Noncash contributions included in						
Con		lines 1a-1f						
	h	Total. Add lines 1a-1f			414,806			
	20			Business Code				
Program Service Revenue	2a b							
iue	c							
ven S	d							
gra	e							
Pro	f	All other program service revenue .						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividen	ds, interest, a	and				
		other similar amounts)			3,535			3,535
	4	Income from investment of tax-exemption	•					
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c Net rental income or (loss)						
		` ´ ´) Securities	(ii) Other				
	/a	Gross amount from (i sales of assets	Securities					
		other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
ven	с	Gain or (loss) 7c						
Re	d	Net gain or (loss)	<u></u>					
Other Revenu	8a	Gross income from fundraising						
õ		events (not including \$ 197	<u>,392</u>					
		of contributions reported on line						
		1c). See Part IV, line 18						
		Less: direct expenses Net income or (loss) from fundraising			(110 410)			(116 410)
		Gross income from gaming			(116,419)			(116,419)
		activities. See Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gaming act						
		Gross sales of inventory, less						
		returns and allowances	10	а				
	b	Less: cost of goods sold	10	b				
	С	Net income or (loss) from sales of inv	entory					
(0	.			Business Code				
Miscellanous Revenue	11a							
ent	b							
sce Rev	c d	All other revenue						
Ξ		Total. Add lines 11a-11d						
		Total revenue. See instructions			301,922	0	0	(112,884)
		-				`	. <u> </u>	,,,

	Check if Schedule O contains a response or n	iole lo any line in lhis	spanik		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .				
9	Other employee benefits				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •				
11	Fees for services (nonemployees):				
а	Management · · · · · · · · · · · · · · · · · · ·	201,556	183,170	18,386	
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	29,891	4,590	25,301	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,678		1,678	
14	Information technology	16,287		3,938	12,349
15	Royalties				
16	Occupancy				
17	Travel	3,012		3,012	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,652		2,652	
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.)				
а	Bank charges	1,620		1,620	
b	Bad Debt	10,000		10,000	
c	Other Misc	7,364		7,364	
d	donated facility&salaries		160,954	28,404	
e	All other expenses	189,358	100,934	20,404	
25	Total functional expenses. Add lines 1 through 24e	162 110	240 714	100 355	10 340
25	Joint costs. Complete this line only if the	463,418	348,714	102,355	12,349
-•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🛛 🕱 if				

Form 990 (2023)			4	46-2693628		
Par	t X	Balance Sheet			_	
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>		
			(A)		(B)	
			Beginning of year		End of year	
	1	Cash - non-interest-bearing	493,580	1	374,066	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	48,000	4	27,000	
	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		
ŝ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ă	9	Prepaid expenses and deferred charges	1,994	9	1,031	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b		10c		
	11	Investments - publicly traded securities	15,746	11	24,333	
	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)	559,320	16	426,430	
	17	Accounts payable and accrued expenses	15,170	17	43,776	
	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		
Liabilities	22	Loans and other payables to any current or former officer, director,				
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%				
Lial		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				
				25		
	26	Total liabilities. Add lines 17 through 25	15,170	26	43,776	
ş		Organizations that follow FASB ASC 958, check here				
nce	07	and complete lines 27, 28, 32, and 33.		07		
ala	27	Net assets without donor restrictions	544,150	27	382,654	
а р	28	Net assets with donor restrictions		28		
ъF	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29		
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
sse	30	Retained earnings, endowment, accumulated income, or other funds		30		
Net Assets or Fund Balances	32	Total net assets or fund balances	544,150	32	202 654	
Ne	33	Total liabilities and net assets/fund balances		33	382,654	
	55		559,320		426,430	

EEA

Form 990 (2023)

Form	990 (2023) Warriors Ethos Inc	46-2693628	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		301,	922
2	Total expenses (must equal Part IX, column (A), line 25)	2		463,	418
3	Revenue less expenses. Subtract line 2 from line 1	3	(161,	496)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		544,	150
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		382,	654
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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		х
	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				
С	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2023)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047			
2023				
	Open to Public			

Inspection

Department of the Treasury
Internal Revenue Service

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

WaterLoops Ethels Incomplete Number 1 46-2639628 Part I Reson for Public Charity Status. (All organizations must complete this part). See instructions. The organization is not a private foundation because it is (for ines 1 through 12, check only one box) 1 A check convector of churches, or association of encired on section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Atten B scheck E (Form 990)) 1 A bit is accounted to encire on type 10(1)(A)(ii). 3 A nonparation operated for the benefit of a collage or university awned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Enter the box/bit is normally reaches a substantial part of its support from a powrmmental unit described in section 170(b)(1)(A)(ii). 4 A community trust described Part II.) 8 A community trust describe Part II.) 5 An organization their omation to escion 170(b)(1)(A)(ii). Complete Part II.) 9 An againzation their omas 30.1375. See section 588(4)(2). Complete Part II.) 9 An againzation that normally reaches (1) more than 33.1375. See section 588(4)(2). Complete Part II.) 1 An organization diar described is association 589(4)(4). Complete Part II.) 1 1 An organization diar during the scribes 589(4)(4). 1 An organization diar during association escribes 78(4)(2) comore than 21.5% of the support of organization diar during the scribes	Name	ame of the organization Employer identification number								
The organization is not a private foundation because it is (For tims 1 through 12. check only one box.) A characteristic convention of dructs or association of onch uncet description 170(b)(1)(A)(ii). A characteristic organization operated in conjunction with a scient 170(b)(1)(A)(iii). A characteristic research organization operated in conjunction with a scient 170(b)(1)(A)(iii). C characteristic organization operated in conjunction with a scient 170(b)(1)(A)(iii). C characteristic organization operated in conjunction with a scient 170(b)(1)(A)(iii). C characteristic organization operated in conjunction with a scient 170(b)(1)(A)(iii). C characteristic organization conjunction of the benefit of a scient 170(b)(1)(A)(i). C characteristic organization conjunction of the scient 170(b)(1)(A)(i) operated in conjunction with a scient 170(b)(1)(A)(i). C conjunction with a scient 170(b)(1)(A)(i)(i). C complete Part11.) C conjunction that correctly receives a substantial part of the support from a governmental unit of scient 170(b)(1)(A)(i) operated in conjunction with a scient 170(b)(1)(A)(i) (i) conjunction 40 conjunc	Warr	io	rs Ethos Inc					46-269362	8	
1 A church convention of churches, or association of churches described in section 170(b)(1)(A)(B). 2 A school described in section 170(b)(1)(A)(B). Linker School de (Form 900)) 3 A needual research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(B). Enler the hospital is an ince, dy, and sub- 6 An organization organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(C). 7 An organization the tormality receives a sub-statiant part of its support from a governmental unit described in section 170(b)(1)(A)(C). 8 A computation that described in section 170(b)(1)(A)(C). Complete Part II.) 8 A computation that described in section 170(b)(1)(A)(C)(C). Complete Part II.) 9 An appointural research organization described in section 170(b)(1)(A)(C)(C) molecel Part II.) 9 An organization the momphilic previews (1) more than 33 10% of its support from conjunction with a land-grant college or university or a non-indirgrant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-indirgrant college of agriculture (see instructions) et al. (2) no more than 33 10% of its support from conjunction with a land-grant college of an eard more particle section 560(A)(2). Complete Part II.) 10 An organization organization described in section 560(A)(2). Complete Part II.) 11 An organization organization de	Par	tl	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instructio	ons.	
2 A stated described in section 170(b)(1)(A)(B), (Attach Schedut E (Form 990)) 3 A hospital or a cooperative hospital envice organization described in section 170(b)(1)(A)(B). Enter the hospital's name, city, and state: 4 A model research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(B). Enter the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(K). (Complete Part II.) 6 A non-administration operated in section 170(b)(1)(A)(V). 7 & A non-administration operated in section 170(b)(1)(A)(V). 7 & A non-administration operated in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 A angenization that normally readings (1) prose that 33 10% of the support form contributions with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 A cogenization fract care and operated exclusively to the therefit of the university or a n	The o	rgai	nization is not a private foundation be	cause it is: (For line	s 1 through 12, check on	y one box.)			
A medical or a cooperative hospital service organization described in section 72(0)/(1)(A)(0). Enter the hospital's name. (b), and state: A more againzation operated in conjunction with a hospital described in section 170(b)(1)(A)(0). Enter the hospital's name. (b), complete learning or university owned or operated by a governmental unit described in section 170(b)(1)(A)(0). Complete learning or university owned or operated by a governmental unit described in section 170(b)(1)(A)(0). Complete learning or university owned or operated by a governmental unit described in section 170(b)(1)(A)(0). Complete PartIL) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(0). Complete PartIL) A an egricultural research organization described in section 170(b)(1)(A)(0). Complete PartIL) An egricultural research organization described in section 170(b)(1)(A)(0)(0) complete PartIL) An egricultural research organization described in section 170(b)(1)(A)(0)(0) complete PartIL) An organization organized on described in section 170(b)(1)(A)(0)(0) operated in conjunctions with a land-grant college or university or an non-kand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-kand-grant college of agriculture (see instructions). Section 150(a)(0). The section 150(a)(0) from bulk section acquired by the organization and pareted exclusively for the benefit of to perform the functions of or to carry out the purposes of anorganization organized and operated exclusively for the benefit of to section 150(a)(0). Section 550(a)(0). Type I. A supporting organization section 150(a)(0). Sections A and B. b or type I. A supporting organization operated exclusively for the benefit or connection with as supported organization(s) (b) power to regularization(s). The diverse of the supporting organization testic to the section 150(a)(0). Type I. A supporting or						170(b)(1) 170	(A)(i).			
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Schedu Part	le A (Form 990) 2023 Warriors Et II Support Schedule for Organiza	thos Inc ations Descr	ibed in Sect	ions 170(b)([,]	$1)(\mathbf{\Delta})(\mathbf{iv})$ and	46-269362 170(b)(1)(A)	8 Page 2 (vi)
l' urt	(Complete only if you checked th						
	Part III. If the organization fails to						
Secti	on A. Public Support	e quality arras		ieu selett, pr			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(u) 2010	(6) 2020	(0) 2021	(u) 2022	(0) 2020	
•	membership fees received. (Do not						
	include any "unusual grants.")	185,416	E2 625	200 629	267 662	225 440	1 140 701
2	Tax revenues levied for the	105,410	52,625	309,628	367,663	225,449	1,140,781
-	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						
4	Total. Add lines 1 through 3	185,416	52,625	309,628	367,663	225,449	1,140,781
5	The portion of total contributions by	105,410	52,625	309,628	307,003	225,449	1,140,781
Ŭ	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)						E4 052
6	Public support. Subtract line 5 from line 4						54,052
-	on B. Total Support						1,086,729
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	185,416	52,625	309,628	367,663	225,449	1,140,781
8	Gross income from interest, dividends,	105,410	52,625	309,628	307,003	225,449	1,140,781
Ŭ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1 1 40 701
12	Gross receipts from related activities, etc.	(see instructio	ne)			12	1,140,781
13	First 5 years. If the Form 990 is for the org	•	,				3)
15	organization, check this box and stop her	•			•	• • • •	
Secti	on C. Computation of Public Suppo						· · · · · · ·
14	Public support percentage for 2023 (line 6	-		1 column (f))		14	95.26 [%]
15	Public support percentage from 2022 Sch	.,	-			15	<u>95.26</u> % 97.35%
16a	33 1/3% support test - 2023. If the organi						
iva	box and stop here. The organization quali						
b	• • •		• • • •	-			
5	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
ma		-					
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			-	-		
b							
u	b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
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10	organization Private foundation. If the organization did						
18	C C						_
							A (Form 990) 2023

	(Form 990) 2023
Part III	Support

 Warriors Ethos Inc

 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.)

Calendary year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total I Gits, grink, with the intervent present intervent present intervent present intervent int	Secti	on A. Public Support						
removed (De to incluse any "unusal grads") 2 Grays receiving performed, or facilities 1 Grays receiving from advices that are not an 1 Tax received mode on its behalf 2 Grays receiving low advices 3 Tax received from advices and the root an 1 Tax received from advices or facilities 1 Tax received from davices and persons 2 Grays received from davices and persons 2 A down ines 2 and 3 received from davices and persons	Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
2 Cross neepist from admissions, methandles sold of services performed, or faillies furnished nary schuld that is related to the organization's benefit and either paid or organization's benefit and either paid to receive and section 13 3 Gross neopist from advises that are not an unrelated dual or business under section 13 4 Tax revenues levice for the organization's benefit and either paid to the organization's benefit and either paid to the organization's benefit and either paid to the organization without charge 5 The value of services or failties furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 2 and 3 received from disqualified persons Image: the amount on line 15 of the year 6 Total. Add lines 1 for the year c Add lines 7 and 75 9 Amounts included on lines and a for the year 10a Gross income from interest, dividends, payments needward needowides or ascurites lows, rents, regulate, and loome from antimatis sources 9 Amounts included on lines 3 (vidends, payments needward needowides low includes on line 1 down includes on line 1 down includes on line 1 down includes and include on line 1 down includes and line 1 down includes a	1	Gifts, grants, contributions, and membership fees						
2 Cross neepist from admissions, methandles sold of services performed, or faillies furnished nary schuld that is related to the organization's benefit and either paid or organization's benefit and either paid to receive and section 13 3 Gross neopist from advises that are not an unrelated dual or business under section 13 4 Tax revenues levice for the organization's benefit and either paid to the organization's benefit and either paid to the organization's benefit and either paid to the organization without charge 5 The value of services or failties furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 2 and 3 received from disqualified persons Image: the amount on line 15 of the year 6 Total. Add lines 1 for the year c Add lines 7 and 75 9 Amounts included on lines and a for the year 10a Gross income from interest, dividends, payments needward needowides or ascurites lows, rents, regulate, and loome from antimatis sources 9 Amounts included on lines 3 (vidends, payments needward needowides low includes on line 1 down includes on line 1 down includes on line 1 down includes and include on line 1 down includes and line 1 down includes a		received. (Do not include any "unusual grants.")						
a marking trade or business under section 513 a max revenues levied for the 4 Tax revenues levied for the a max revenues levied for the or expended on its behalf a max revenues levied for the 5 The value of services or facilities a max revenues levied for the 6 Total. Add lines 11 through 5 a mounts included on lines 1, 2, and 3 received from disqualified persons a mounts included on lines 2 and 3 received from other than disquilified persons a mounts included on lines 1 for the year c Add lines 7 a and 7b a mounts included on lines 1 for the year c Add lines 7a and 7b a mounts included on scuttles loars, rents,	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behaff	3	Gross receipts from activities that are not an						
or granization's benefit and either paid to or expended on its behalf		unrelated trade or business under section 513						
to or expended on its behalf	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
furnished by a governmental unit to the organization without charge		to or expended on its behalf						
organization without charge	5	The value of services or facilities						
organization without charge		furnished by a governmental unit to the						
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7a Amounts included on lines 1, 2, and 3 received from disgualified persons	6							
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received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on the 13 for the year c Add lines 7a and 7b	b							
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9 Amounts from line 6 Image: Construction of Public Support Percentage 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Image: Construction of Public Support Percentage b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Construction of Public Support Percentage 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Image: Construction of Public Support Percentage 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Secti	on B. Total Support						
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c Add lines 10a and 10b								
activities not included on line 10b, whether or not the business is regularly carried on 1 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 13 Total support. (Add lines 9, 10c, 11, and 12.) 1 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 1 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 16 % 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 18 % 19a 33 1/3%, support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 19a 31/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	С							
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 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage f		• • • • • • • • • • • • • • • • • • •						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b			-	=			
								🛛
	20		•					ions . 🗌

Part IV Supporting Organizations (Complete only if you checked a box of and B. If you checked box 12b, Part I.

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

Section A. All Supporting Organizations No Yes 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. 1 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 2 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. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 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. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b 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)4c 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). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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. 9a b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

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.)

Schedule A (Form 990) 2023

10b

Part	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sectio	on 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
~	supervised, or controlled the supporting organization.	2		Ĺ
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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			
		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		
Sectio	on E. Type III Functionally Integrated Supporting Organizations	•		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struc	tions	:)
a	The organization satisfied the Activities Test. Complete line 2 below.	au	uons	y.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c				
2	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions)</i> . Activities Test. <i>Answer lines 2a and 2b below.</i>	ſ	Yes	No
		_	162	NU
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	0-		
	· · · · · · · · · · · · · · · · · · ·	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
FFA	Schedule		orm 99(0) 2023

(Form 990) 2

Page 5

46-2693628

Schedule A (Form 990) 2023

Warriors Ethos Inc

	e A (Form 990) 2023 Warriors Ethos Inc		46-269	Page	
Part					
1	Check here if the organization satisfied the Integral Part Test as a qualifying the contract of the set of the			,	
	instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Section	ns A through E. (B) Current Year	
Section A - Adjusted Net Income (A) Prior Year					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	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			
Secti	on 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-functiona		grated Type III suppor	ting organization	
	(see instructions).	.,e	5 ··· · · · · · · · · · · · · · · · · ·	J J	

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Schedule A (Form 990) 2023

	e A (Form 990) 2023 Warriors Ethos Inc			93628 Page 7				
Part		b) Supporting Organi	zations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex			1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed					
	organizations, in excess of income from activity 2							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required) ·	- provide details in Part \	,	5				
6	Other distributions (describe in Part VI). See instructions.			6				
	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp						
	(provide details in Part VI). See instructions.		8	-				
9	Distributable amount for 2023 from Section C, line 6		9	-				
10	Line 8 amount divided by line 9 amount	1	1					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023							
	(reasonable cause required - <i>explain in Part VI</i>). See							
	instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
C	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI . See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2019							
b	Excess from 2020							
<u> </u>	Excess from 2021							
	Excess from 2022							
e	Excess from 2023							
EEA				Schedule A (Form 990) 2023				

	olili 990) 2023
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	the state of the s
	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 B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

2023

Name of	f the organization		Employer identification number
Warri	ors Ethos Inc		46-2693628
Organiz	ation type (check one):		
Filers of	f:	Section:	
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-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 covere	d by the General Rule or a Special Rule.	
Note: O instructio	•	or (10) organization can check boxes for both the General Rule and a Special Rule.	See
General	Rule		
x	а С	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ perty) from any one contributor. Complete Parts I and II. See instructions for determi tions.	
Special	Rules		
	regulations under sections 16b, and that received from	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 1 n any one contributor, during the year, total contributions of the greater of (1) \$5,000;) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	3, 16a, or
	contributor, during the yea literary, or educational pur	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a r, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific poses, or for the prevention of cruelty to children or animals. Complete Parts I (enter d of the contributor name and address), II, and III.	C,

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), 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

	rganization rs Ethos Inc		Employer identification number 46-2693628
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional spac	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
1	Dudley and Barbara White 4647 Stagebridge Road Shipman	\$10,	Person 🗽 Payroll 🗌 Noncash 🗍
	Shipman VA 22971		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Intelligent Waves		Person 🔽 Payroll 🗌
	1801 Robert Fulton Dr ste 440 Reston VA 20191	\$28,	000 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Klas Telecom Government, Inc 450 Sprinpark PI, 1200 Herndon VA 20170	\$5,	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JP Morgan Weath Management 875 15th St NW, Suite 700 Washington DC 20005	\$5,	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Holland & Knight 800 17th St. NW, Suite 1100 Washington DC 20006	\$8,	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Jared Shepard 603 Brockman Court Great Falls VA 22066	\$11,	Person Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of o	rganization		Employer identification number
Warrior	s Ethos Inc		46-2693628
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_7	Quality Technology Services	\$8	Person X Payroll ,000 Noncash
	Overland Park KS 66213		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8	Cope Corrales 816 Connecticut Avenue NW Suite 800 Washington DC 20006	\$5	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9	Swish Data 1420 Spring Hill Road #320 Mc Lean VA 22102	\$8	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_10	Carmen Rose Aero Services , LLC <u>4720 NALL RD STE 250</u> Dallas TX 75244	\$13	Person x Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
<u>11</u>	Name, address, and ZIP + 4 One Valiant 2355 Dulles Corner Blvd Suite 200 Herndon VA 20171	Total contribution	s Type of contribution Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_12	Hale Capital Management, LP 17 State Street New York New York NY 10004	\$ <u>5</u>	PersonImage: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	(Form 990) (2023)		Page 2
	rganization		Employer identification number
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional spa	46-2693628 ce is needed.
(a)		· · ·	
No.	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
13	Frederick Schultz 11620 partridge Run Lane	\$5,	Person x Payroll .052 Noncash
	Potomac MD 20854		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

SCHE	DULE 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.

OMB No. 1545-0047

Open to Public Inspection

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

Name o	of the or	ganization			Employer ider	ntification number	
Warri	Lors	Ethos Inc			46-26	93628	
Pa		Organizations Maintaining Donor Advised F	unds or Other Sir	nilar Funds or Acc	ounts		
		Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 6.			
			(a) Donor	advised funds	(b)	Funds and other accounts	
1	Total	number at end of year					
2	Aggre	gate value of contributions to (during year)					
3		gate value of grants from (during year)					
4		gate value at end of year					
5		e organization inform all donors and donor advisors in v	vriting that the assets	held in donor advised			
		are the organization's property, subject to the organizat	-			Yes	No
6		e organization inform all grantees, donors, and donor a	•		ed		_
		or charitable purposes and not for the benefit of the don		-			
	confe	rring impermissible private benefit?				Yes	No
Par		Conservation Easements					
		Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 7.			
1	Purpo	bse(s) of conservation easements held by the organization					
•	·	eservation of land for public use (for example, recreation	· · ·	Preservation of a	historically imp	ortant land area	
		otection of natural habitat		Preservation of a	, ,		
	=	eservation of open space					
2	_	lete lines 2a through 2d if the organization held a qualifi	ed conservation contr	ibution in the form of a	conservation		
-		nent on the last day of the tax year.				Held at the End of the T	av Voar
а		number of conservation easements					
a b		acreage restricted by conservation easements					
		per of conservation easements on a certified historic stru			-		
c d							
u		per of conservation easements included on line 2c, acqu	•		2d		
•		6		••••••••••••••••••••••••••••••••••••••	_	a tha	
3		per of conservation easements modified, transferred, rel	eased, extinguished, d	or terminated by the org	ganization duni	ig the	
	tax ye						
4		per of states where property subject to conservation eas		stien heredline of			
5		the organization have a written policy regarding the per		•			
~		ons, and enforcement of the conservation easements it					No No
6	Starra	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	and enforcing conserva	ation easement	is during the year	
-				<i>.</i>			
7	Amou	int of expenses incurred in monitoring, inspecting, hand	ing of violations, and e	enforcing conservation	easements du	ring the year	
8		each conservation easement reported on line 2d above					Π
		ection 170(h)(4)(B)(ii)?					No No
9		t XIII, describe how the organization reports conservation		•		llance	
		, and include, if applicable, the text of the footnote to the	e organization's financi	al statements that des	cribes the		
Der	-	ization's accounting for conservation easements	of Aut Iliotorio			a. A a a a fa	
Par	τιιι	Organizations Maintaining Collections	•	•	Other Simil	ar Assets	
		Complete if the organization answered "Yes" of					
1a		organization elected, as permitted under FASB ASC 95					
		historical treasures, or other similar assets held for pub			erance of public	0	
		e, provide in Part XIII the text of the footnote to its finan					
b		organization elected, as permitted under FASB ASC 956	•				
	-	storical treasures, or other similar assets held for public	exhibition, education,	or research in furthera	ance of public s	ervice,	
	•	le the following amounts relating to these items:					
		evenue included on Form 990, Part VIII, line 1 • • •				\$	
		ssets included in Form 990, Part X • • • • • • • • •				\$	
2	If the	organization received or held works of art, historical trea	asures, or other simila	r assets for financial ga	ain, provide the		
		ing amounts required to be reported under FASB ASC 9	-				
а		nue included on Form 990, Part VIII, line 1 • • • • •				\$	
b	Asset	s included in Form 990, Part X				\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	e D (Form 990) 2023 Warriors Ethos Inc	1					46-26936		Page 2
Part	III Organizations Maintaining Coll	lections of A	Art, Hist	orical T	reasures, o	r Oth	er Similar Ass	ets (cont	tinued)
3	Using the organization's acquisition, accession, an	nd other records,	check an	y of the foll	owing that make	e signif	ficant use of its		
	collection items (check all that apply):		·		U U	Ũ			
а			d		r exchange prog	ram			
b	Scholarly research		e	Other	i oxonango prog	lam			
			e						
c	Preservation for future generations						. D. (
4	Provide a description of the organization's collection	ons and explain i	now they t	urtner the o	organization's ex	cempt	purpose in Part		
_	XIII.								
5	During the year, did the organization solicit or receiption		-		-			_	_
	assets to be sold to raise funds rather than to be m		rt of the or	ganization	's collection?			Yes	No No
Part			_					_	
	Complete if the organization answ	wered "Yes"	on Forn	n 990, P	art IV, line 9,	, or re	eported an amo	unt on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or	other intermedia	ary for cont	ributions o	r other assets n	ot			
								Yes	No
b	If "Yes," explain the arrangement in Part XIII and co								
-			, in grant				Amo	Int	
•	Beginning balance					1c	7 (110)		
C L	Additions during the year								
d						1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form 9	90, Part X, line 2	21, for esc	row or cus	todial account lia	ability?	• • • • • • • • •	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. Chec	ck here if the exp	lanation h	as been pr	ovided on Part X	XIII			
Part									
	Complete if the organization answ	wered "Yes"	on Forn	n 990, P	art IV, line 10	0.			
	(a)) Current year	(b) Prio	or year	(c) Two years ba	ck	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance			-					
b	Contributions								
c	Net investment earnings, gains, and								
Ŭ									
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current ye	ear end balance	(line 1g, co	olumn (a))	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should ec	oual 100%							
3a	Are there endowment funds not in the possession	•	on that are	held and	administered for	r the			
ou	organization by:	or the organizati	on that are			uio		Γ.	es No
	(i) Unrelated organizations?								
								3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	•				• • •		3b	
4	Describe in Part XIII the intended uses of the organ		ment fund	s.					
Par			_						
	Complete if the organization answ	wered "Yes"	on Forn	n 990, P	art IV, line 1	1a. S	<u>ee Form 990, P</u>	art X, lin	e 10.
	Description of property	(a) Cost or othe (investmen		.,	r other basis other)	• •	Accumulated preciation	(d) Book v	alue
1a	Land								
b	Buildings								
	Ŭ								
C L	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (<i>Column (d) must equal For</i>	rm 990, Part X, li	ne 10c, co	lumn (B)					
EEA							Sched	lule D (Form	n 990) 2023

Schedule D (For	m 990) 2023 Warriors Ethos Inc		46-2693628 Page 3
Part VII	Investments - Other Securities		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial of	lerivatives		
(2) Closely-he	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII	Investments - Program Related		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	· •		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Calumn	(h) much annual Forme 000, Part X, line 12, and (P))		
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) • • • • • • • • • • • • • • • • • •		
Turcix	Complete if the organization answered "Yes'	" on Form 990 Part IV line	11d See Form 990 Part X line 15
(1)	(a) Description		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, line 15 col. (B))		
Part X	Other Liabilities	<u> </u>	
	Complete if the organization answered "Yes'	on Form 990 Part IV line	11e or 11f See Form 000 Part X
	line 25.	on ronn 330, rarry, ine	
4			
1. (1) Fordered in	(a) Description of liability	(b) Book value	
(1) Federal i			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, line 25 col. (B)) ••		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's financia	al statements that reports the
organization's	iability for uncertain tax positions under FASB ASC 740. Che	eck here if the text of the footnote h	as been provided in Part XIII

		46-2693628	Page 4
Part		r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
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 4a		
b	Other (Describe in Part XIII.)		
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	
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part 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	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
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	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information		

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

SCH	EDULE G					aising or Gami			OMB No. 1545-0047
(For	n 990)	Complete if	the organization an organization entered	swered "Yes" ed more than	on Form 990 \$15,000 on Fo	, Part IV, line 17, 18, o orm 990-EZ, line 6a.	r 19, or	if the	2023
Depar	tment of the Treasury		Att	ach to Form 9	990 or Form 9	90-EZ.			Open to Public
	al Revenue Service	(Go to www.irs.gov/F	orm990 for in	structions and	d the latest information	on.	F	Inspection
	of the organization							Employer identifie	
	tiors Ethos I		Complete if th	o organiz	ation anou	varad "Vaa" on [46-26	
Par		sing Activities. 0-EZ filers are r	•	-		veled tes offr	-onn	990, Part IV	, iirie 17.
1	Indicate whether	the organization raise	ed funds through a	ny of the follo	wing activitie	es. Check all that app	oly.		
а	Mail solicitatio	ns		e] Solicitation	of non-government	grants		
b	Internet and e	mail solicitations		f [] Solicitation	of government grant	ts		
С	Phone solicita	tions		g [] Special fun	draising events			
d	In-person solid	citations							
2a	Did the organizati	on have a written or	oral agreement wit	h any individ	ual (including	officers, directors, tr	rustees	5,	
	or key employees	listed in Form 990,	Part VII) or entity in	connection	with professio	onal fundraising servi	ices?		Yes No
b	If "Yes," list the 10) highest paid individ	uals or entities (fun	draisers) pur	suant to agre	ements under which	n the fu	ndraiser is to be	
	-	east \$5,000 by the o	· ·	,,	0				
			0						
	(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(o	Amount paid to r retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3		hich the organizatior		ensed to soli	cit contributic	I has been notif	fied it ic	evempt from	<u> </u>
J	registration or lice	•		51000 10 301				, stompt ironi	

Sche	dule G	(Form 990) 2023 War	riors Ethos Inc		46-	2693628 Page 2
	rt II	Fundraising Events. Comp		answered "Yes" on Forn		
		than \$15,000 of fundraising	-			-
		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala2023	SOFIC 2023	<u> </u>	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
nue						
Revenue	1	Gross receipts	204,840	29,352		234,192
Ľ	2	Less: Contributions	168,040	29,352		197,392
	3	Gross income (line 1	108,040	29,352		197,392
		minus line 2)	36,800			36,800
		,	,			
	4	Cash prizes				
	5	Noncash prizes				
	_					
ses	6	Rent/facility costs	18,500	2,400		20,900
ben	7	Food and beverages	55,859	18,773		74,632
Ê	'		55,859	18,775		/4,032
Direct Expenses	8	Entertainment	14,800			14,800
			,			
	9	Other direct expenses	32,204	10,683		42,887
	10	Direct expense summary. Add line	a 4 through 0 in column (d)			152 010
	10	Net income summary. Subtract line				<u>153,219</u> (116,419)
Pa	rt III	Gaming. Complete if the or				
					v, line 19, or reported mu	bre inan
		\$15,000 on Form 990-EZ, I	•		v, line 19, or reported the	bre man
		\$15,000 on Form 990-EZ, l	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
enue		\$15,000 on Form 990-EZ, I	•		(c) Other gaming	
Revenue			ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1	\$15,000 on Form 990-EZ, li Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue		Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	1		ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	2	Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
		Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	2	Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Direct Expenses Revenue	2 3	Gross revenue	ine 6a.	(b) Pull tabs/instant		(d) Total gaming (add
	2 3	Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4	Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5 6	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5 6	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5 6 7	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Direct Expenses	2 3 4 5 6 7 8 En a Ist	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
birect Expenses	2 3 4 5 6 7 8 En a Ist	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
birect Expenses	2 3 4 5 6 7 8 En a Ist	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 8 b If "	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 8 b If " 4 	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 8 b If " 4 	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	(d) Total gaming (add col. (a) through col. (c))

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2023

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I	Types	of Property	
Warriors			
	· J		

46-2693628

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				ļ			
17	Real estate - Other							
18								
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts			100.071	- 10			
25 26	Other (Donated Service)	<u>x</u>	1		Payrol Co	ompen	satı	.on
26 27	Other (<u>Donated of Faci</u>)	X	1	3,086	FMV			
27	Other () Other ()							
29	Number of Forms 8283 received by the o	roanization d	Luring the tax year for contribution	I ns for				
20	which the organization completed Form 8	0	o ,		29			
		200, 1 art 1,	Bonooriolanomougomona				Yes	No
30a	During the year, did the organization rece	ive bv contrib	oution any property reported in P	Part I, lines 1 through				
	28, that it must hold for at least 3 years fro							
	used for exempt purposes for the entire h					30a		х
b	If "Yes," describe the arrangement in Part							
31	Does the organization have a gift accepta		at requires the review of any no	nstandard				
						31		х
32a	Does the organization hire or use third pa	rties or relate	ed organizations to solicit, proce	ss. or sell noncash				
			•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	t in column (d	c) for a type of property for which	n column (a) is checked,				
	describe in Part II.	(•	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·				
For Pa	perwork Reduction Act Notice, see the Instru	uctions for Fo	rm 990.		Schedule	e M (For	m 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Warriors Ethos Inc

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 46-2693628

01. Officer, directors, etc. family relationship (Part VI, line 2)

No officer, director, trustee or key employee had a family or business relationship with

any other officer, director, trustee or key employee in 2023.

02. Form 990 governing body review (Part VI, line 11)

The 990 is prepared by an accountant and reviewed by the board directors.

03. Conflict of interest policy compliance (Part VI, line 12c)

All board members receive organization's Conflicts of interest policy annually and are

required to sign acknowledging no existing conflict.

04. CEO, executive director, top management comp (Part VI, line 15a)

Heather Woodall was compensated as the Interim Executive Director in 2023. The interim

executive director's compensation was reviewed and approved based on comparable market

data for that position. All other officers, officials, and board members are 100%

volunteers and not compensated.

05. Other officer or key employee compensation (Part VI, line 15b

All other officers, officials, and board members are 100% volunteers and are not

compensated.

06. Form 990 availability to public (Part VI, line 18)

All financial statements and policies are made available upon request. Tax returns are

made available to the public via Warrior Ethos website.

Schedule O (Form 990) 2023	Page 2
Name of the organization Warriors Ethos Inc	Employer identification number 46-2693628
07. Governing documents, etc, available to public (Part VI, line 19)	
Governing documents are available on request.	

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning

, 2023, and ending

2023

301,922

Department of the Treasury Internal Revenue Service

Warriors Ethos Inc

Name and title of officer or person subject to tax

Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

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

46-2693628

EIN or SSN

, 20

1b

2b

3h

4h

5b

6h

7b

8b

9b

as my signature

and that I have examined a copy of the

Enter five numbers, but do not enter all zeros

JARED SHEPARD, FOUNDER / CHAIRMAN Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here x 1a Form 990-EZ check here . . . **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 1120-POL check here . . 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here . . . Form 8868 check here . . . 5a 6a Form 990-T check here . . . Form 4720 check here . . . 7a Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8a 9a Form 5330 check here 10a Form 8038-CP check here • • • b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) , (EIN) 2023 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 | | authorize to enter my PIN ERO firm name

on the tax year 2023 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.

x As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

12345	
Signature of officer or person subject to tax	Date 11-15-2024
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.	781220 20477
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the am submitting this return in accordance with the requirements of Pub. 4163 , Providers for Business Returns.	
ERO's signature	Date 05-03-2024

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. EEA

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return Warriors Eth	hos Inc	FEIN 46-2693628
		10 2000020
	Office expenses	
Deeenintion	_	7
Description Books, subso	criptions, reference	<u>Amount</u>
Postage, ma:	iling service	560
Supplies Business mea		<u> </u>
Business mea		l: \$ 1,678
		' <u></u> _
	Information technology	
Description		Amount
Business so	ftware	\$ 2,87
website expe	ensesTota	1,06 1:\$3,93
	10 ca.	- · · · · · · · · · · · · · · · · · · ·
	2	
	<u>2</u>	
Description		Amount
Database mar	nagement Tota	12,349 1: \$ 12,349
	10 ca.	
Description		Amount
Bank Charges	s Tota	\$ 1,62 1: \$ 1,62
	10ta	
Description		Amount
Other costs Public Stora	age	\$ 2
	Tota	

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors		
	(This page is not filed with the return. It is for your records only.)	2023	
Name(s) as shown on return		Tax ID Number	
Warriors Ethos In	c	46-2693628	

2% of the amount on Schedule A, Part II, line 11, column (f)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2019	2020	2021	2022	2023	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
Dudley and Barbara White			10,000	15,500	10,000	35,500	12,684
Intelligent Waves				28,000	28,000	56,000	33,184
Klas Telecom Government, Inc				15,000	5,500	20,500	
JP Morgan Weath Management				5,500	5,500	11,000	
Holland & Knight				5,500	8,000	13,500	
Jared Shepard				11,000	11,000		
Quality Technology Services					8,000	8,000	
Cope Corrales					5,500	5,500	
Swish Data					8,000	8,000	
Carmen Rose Aero Services , LLC					13,000	13,000	
One Valiant					31,000	31,000	8,184
Hale Capital Management, LP					5,500	5,500	
Frederick Schultz					5,052	5,052	

<u>Total</u>

54,052

22,816