

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2017** calendar year, or tax year beginning **2017**, and ending _____

B Check if applicable:	C	D Employer identification number	
<input type="checkbox"/> Address change	WARFIGHTER MADE 42225 REMINGTON AVENUE A14 TEMECULA, CA 92590	46-2582060	
<input type="checkbox"/> Name change		E Telephone number	
<input type="checkbox"/> Initial return		877-829-5500	
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	424,582.
<input type="checkbox"/> Amended return		F Name and address of principal officer:	ROBERT BLANTON SAME AS C ABOVE
<input type="checkbox"/> Application pending		H(a) Is this a group return for subsidiaries?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		H(b) Are all subsidiaries included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: HTTP://WWW.WARFIGHTERMADE.ORG/		H(c) Group exemption number ▶
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2013	M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>WE ADAPT, AND CUSTOMIZE A COMBAT WOUNDED VETERAN'S VEHICLE, SO THEY CAN CONTINUE DOING THE THINGS THEY ENJOY, WHILE THEIR VEHICLE REFLECTS THEIR INDIVIDUAL PERSONALITY.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	201,795.	424,479.
	9	Program service revenue (Part VIII, line 2g)	257.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,550.	103.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	220,602.	424,582.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	5,447.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	141,818.	328,052.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	141,818.	328,052.
	19	Revenue less expenses. Subtract line 18 from line 12	78,784.	96,530.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	222,752.	319,282.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	222,752.	319,282.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ROBERT BLANTON	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00049464
	Firm's name	GORANSON AND ASSOCIATES, INC.			
	Firm's address	717 COLLEGE AVENUE, FIRST FLOOR SANTA ROSA, CA 95404			
				Firm's EIN	455565460
				Phone no.	7075421256

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No