

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

OMB No. 1545-0047

2018
Open to Public Inspection

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.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold; font-size: 1.2em;">WARRIORS WEEKEND</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="font-weight: bold;">PO BOX 2052</div> City or town, state or province, country, and ZIP or foreign postal code <div style="font-weight: bold;">VICTORIA TX 77902</div>	D Employer identification number <div style="font-weight: bold;">26-0355870</div> E Telephone number <div style="font-weight: bold;">361-572-0001</div> G Gross receipts \$ <div style="font-weight: bold;">1,003,684</div>
F Name and address of principal officer: <div style="font-weight: bold;">RON KOCIAN 3603 MIORI LN VICTORIA TX 77901</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u <div style="font-weight: bold;">WARRIORSWEEKEND.ORG</div>		L Year of formation: <div style="font-weight: bold;">2008</div>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		M State of legal domicile: <div style="font-weight: bold;">TX</div>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <div style="font-weight: bold; text-align: center;">DEDICATED TO THE SUPPORT OF US VETERANS WITH AN EMPHASIS ON THOSE WOUNDED IN THE GLOBAL WAR ON TERROISM.</div>		
	2 Check this box <input type="checkbox"/> u 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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	200
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	266,689	289,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,921	-102,352
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,768	187,326
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	123,256	173,005
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,256	173,005	
19 Revenue less expenses. Subtract line 18 from line 12	79,512	14,321	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	484,151	490,125
	22 Net assets or fund balances. Subtract line 21 from line 20	9,165	818
		474,986	489,307

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 <div style="font-weight: bold; font-size: 1.2em;">RON KOCIAN</div>	Date <div style="font-weight: bold; font-size: 1.2em;">PRESIDENT</div>		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <div style="font-weight: bold;">DENNIS C. CIHAL, CPA</div>	Preparer's signature <div style="font-weight: bold;">DENNIS C. CIHAL, CPA</div>	Date <div style="font-weight: bold;">11/08/19</div>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <div style="font-weight: bold;">P00145034</div>
	Firm's name } <div style="font-weight: bold;">HARRISON, WALDROP & UHEREK, LLP</div>	Firm's EIN } <div style="font-weight: bold;">74-1177446</div>	Firm's address } <div style="font-weight: bold;">101 S MAIN STE 400 VICTORIA, TX 77901</div>	Phone no. <div style="font-weight: bold;">361-573-3255</div>

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