

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
Email: charitable.activities@doj.state.or.us  
Website: http://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning in:

# 2014

### Section I. General Information

1. Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

Registration #: 47889

Organization Name: Warfighter Outfitters, Inc. **RECEIVED**

Address: 160 South Oak Street

City, State, Zip: Sisters, OR 97559

Phone: 904.738.3678 Fax: **DEPARTMENT OF JUSTICE**

Email: BMiller@woundedwarriorproject.org **PORTLAND LEGAL**

Period Beginning: 1 / 1 /2014 Period Ending: 12 / 31 /2014  Amended Report?

- 2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
- 3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_  Yes  No
- 4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
- 5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
- 6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
- 7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: Brett Miller Address: 160 South Oak Street, Sisters, OR 97559 Phone: (904) 738.3678 Email: Bmiller@woundedwarriorproject.org	President	\$0.00
Name: McKibben Womack Address: PO Box 3500 #159, Sisters, OR 97759 Phone: (541) 598.5345 Email: greenridgelaun@gmail.com	Director/Secretary	\$0.00
Name: Robin Benson Address: 1034 E. Ranch Ave, Sisters, OR 97759 Phone: (541) 543.7719 Email: Robidonenon@aol.com	Director/Treasurer	\$0.00

## Section II. Fee Calculation

<p>9. Total Revenue.....  <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small></p>	9.	4377																				
<p>10. Revenue Fee.....  <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width: 30%;">Amount on Line 9</th> <th style="width: 30%;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	10		
Amount on Line 9	Revenue Fee																					
\$0 - \$24,999	\$10																					
\$25,000 - \$49,999	\$25																					
\$50,000 - \$99,999	\$45																					
\$100,000 - \$249,999	\$75																					
\$250,000 - \$499,999	\$100																					
\$500,000 - \$749,999	\$135																					
\$750,000 - \$999,999	\$170																					
\$1,000,000 or more	\$200																					
<p>11. Net Assets or Fund Balances at End of the Reporting Period.....  <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 3 of CT-12 instructions to calculate.)</small></p>	11.	1168																				
<p>12. Net Fixed Assets Used to Conduct Charitable Activities.....  <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing.)</small></p>	12.	0																				
<p>13. Amount Subject to Net Assets or Fund Balances Fee.....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	0																				
<p>14. Net Assets or Fund Balances Fee.....  <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.	0																				
<p>15. Are you filing this report late? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.....  <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.		\$20.00																			
<p>16. Total Amount Due.....  <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.		30.00																			

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
⇒	 Signature of officer	11.29.15 Date	PRES. Title
Paid Preparer's Use Only	⇒		
	Preparer's signature	Date	Phone
	Preparer's name	Address	

**Julienne Laabs**

---

**From:** Warfighter Outfitters [warfighteroutfitters@gmail.com]  
**Sent:** Monday, July 06, 2015 4:24 PM  
**To:** Brian Witt  
**Subject:** Fwd: Form 990-N E-filing Receipt - IRS Status: Accepted

Sent from my iPhone

Begin forwarded message:

**From:** <epostcard@urban.org>  
**Date:** July 6, 2015 at 4:07:10 PM PDT  
**To:** <bmillier@warfighteroutfitters.org>  
**Subject: Form 990-N E-filing Receipt - IRS Status: Accepted**

Organization: WARFIGHTER OUTFITTERS  
EIN: 47-1896901  
Submission Type: Form 990-N  
Year: 2014  
Submission ID: 7800582015187et56768  
e-File Postmark: 7/6/2015 7:01:12 PM  
Accepted Date: 7/6/2015

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

-----  
e-Postcard technical support  
Phone: 866-255-0654 (toll free)  
email: ePostcard@urban.org  
-----

WARFIGHTER OUTFITTERS  
% Brett Miller  
160 So Oak Street  
Sisters, OR 97759

**FWW FARLEIGH WADA WITT**  
Attorneys

**Brian R. Witt**  
Attorney  
Admitted in Oregon, Washington and Arizona  
  
bwitt@fwwlaw.com

121 SW Morrison Street, Suite 600  
Portland, Oregon 97204  
tel 503.228.6044  
fax 503.228.1741  
www.fwwlaw.com

July 7, 2015

Rhonda K. Powell, Charities Registrar  
Charitable Activities Section  
Oregon Department of Justice  
1515 SW 5<sup>th</sup> Avenue, Suite 410  
Portland, OR 97201-5451

Re: *Warfighter Outfitters, Inc.*  
*Registration #47889*

RECEIVED  
JUL 09 2015  
DEPARTMENT OF JUSTICE  
PORTLAND LEGAL

Dear Ms. Powell:

Enclosed please find Warfighter Outfitters, Inc.'s Annual Report for the fiscal year ending December 31, 2014 and a check in the amount of \$30 which includes a late fee of \$20.

Warfighter Outfitters, Inc. has filed Form 990N with the IRS for the period ending December 31, 2014. We have attached the Annual Report and copy of the Form 990N as required.

Please call me if you have any questions.

Sincerely,

  
Brian R. Witt

BRW/jl  
Enclosure  
P:\DOCS\WAROUT\00988\LTR\3MB2442.DOC