Form 990
Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www irs gov/form990.



AI	or th	e 2013 calendar year, or tax year beginning and	ending		
B	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	TEE IT UP FOR THE TROOPS, INC.	FOR THE TROOPS, INC.		
	Name Chang	ge Doing Business As		20-2	974507
	Initial returr		Room/suite	E Telephone number	
	Termi ated	JIJ WEDI IKAVEDEKS IKAID		(952) 646-2490
	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,696,502.
		BORNSVILLE, MN 55557		H(a) Is this a group re	
	pendi	F Name and address of principal officer: TIM WEGSCHEID		for subordinates	
		515 W. TRAVELERS TRAIL, BURNSVILLE, MN		H(b) Are all subordinates in	cluded? Yes No
		xempt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.TEEITUPFORTHETROOPS.COM		H(c) Group exemption	
_		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2005 M	State of legal domicile: MN
Pa	art I				
é	1	Briefly describe the organization's mission or most significant activities: TO H	ELP SU	PPORT THE FA	ALLEN AND
anc		DISABLED MEMBERS OF OUR ARMED FORCES, AN			
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more		
Š	3				13
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5
ivit	6	Total number of volunteers (estimate if necessary)			0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	······	1,386,489.	1,696,113.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-168.	389.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-651,509.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,386,321.	1,044,993.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,275,928.	869,837.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 34,218.	0. 163,877.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,875.	0.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		10,0/5.	0.
Å		Total fundraising expenses (Part IX, column (D), line 25)	0.	129,604.	121,011.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,458,625.	1,154,725.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-72,304.	-109,732.
- 2	19	Revenue less expenses. Subtract line 18 from line 12			-
Net Assets or Fund Balances		Table as the (Dash V, line 40)		ginning of Current Year 470,944.	End of Year 598,771.
Asse Bala	20	Total assets (Part X, line 16)	······	175,002.	412,561.
let /	21	Total liabilities (Part X, line 26)	······	295,942.	186,210.
		Net assets or fund balances. Subtract line 21 from line 20		473,744.	100,210.
L L C	ai C 11				

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	Signature of officer	Date				
Here	TIM WEGSCHEID, PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date	Check PTIN				
Paid	TODD F PLADSEN TODD F PLADSEN 08/04	4/14 self-employed P00361031				
Preparer	Firm's name <b>MEUWISSEN</b> , <b>FLYGARE</b> , <b>KADRLIK</b> & <b>ASSOC</b> ., <b>PA</b>	Firm's EIN 41-1670081				
Use Only	Firm's address 🖕 6400 FLYING CLOUD DR., SUITE 100					
	EDEN PRAIRIE, MN 55344	Phone no. (952)541-1996				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
332001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2013)				

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4e		Form <b>9</b> 9	<b>90</b> (20
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4d	Other program services (Describe in Schedule O.)		
	Including grants of 5		
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	
		_ / ``	
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	
	INEIN FAMILLED.		
	HELP SUPPORT THE FALLEN AND DISABLED MEMBERS OF OUF THEIR FAMILIES.	R ARMED FORCES ANI	)
та	TEE IT UP FOR THE TROOPS, INC. IS A NON-PROFIT ORGA	NIZATION CREATED	ТC
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 881,411. including grants of \$ 869,837.	(Revenue \$ 1.696.1	10
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expenses.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?Yes	X
	If "Yes," describe these new services on Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?		x
	FORCES.		
	AN EMPHASIS GIVEN TO THE FALLEN AND DISABLED MEMBER	-	
	TEE IT UP FOR THE TROOPS IS A NON PROFIT ORGANIZATI SUPPORT THE MEN AND WOMEN OF THE US MILITARY AND TH		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		I
Par	t III Statement of Program Service Accomplishments		ļ
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			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or 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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.5	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u></u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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 foreign investments valued at \$100,000 or more2 If "Yes," complete Schedule E. Parts Land IV.	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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	17		Х
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	Х	
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on 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		Х
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		
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		
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) and 501(c)(4) 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? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 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		Х
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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			37
	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	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			x
	any contributions that were not tax deductible as charitable contributions?	6a		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ch		
7	were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
				v
	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 in Schedule O	14b		

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Part VI	Governance, Management, and Disclosure For each	"Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes	s, or changes in Schedule O. See instructions.

## 

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- U		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
-		8a	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		uo	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		л
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
10-	Did the eventiation have lead charters branches as officiates?	10-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
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		v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		37	
	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MN}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
	TIM WEGSCHEID - (952)646-2490			
	515 W. TRAVELERS TRAIL, BURNSVILLE, MN 55337			

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Form **990** (2013)

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	
	Employees, and Independent Contractors	
Part VII	Gompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	<b>(B)</b> Average hours per	(do box	not c , unle	Pos heck ss pe id a d	<b>c)</b> ition more rson i	l than is bot	one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)		In stitutional trustee	Officer		Highest compensated employee	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES BALL DIRECTOR	5.00	x						0.	0.	0.
(2) JEFF ANDERSON	2.00									
DIRECTOR		Х						0.	0.	0.
(3) DICK KOPPLIN	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(4) FRED LANGE DIRECTOR	1.00	x						0.	0.	0.
(5) ALEX PLECHASH	1.00									
DIRECTOR		x						0.	0.	0.
(6) HEIDI COLLINS	1.00									
DIRECTOR		X						0.	0.	0.
(7) THOMAS NELSON	1.00									_
DIRECTOR		X						0.	0.	0.
(8) CHUCK BENSON	10.00									0
CHAIRMAN/TREASURER	1 0 0	X		X				0.	0.	0.
(9) RONALD J. SCHUTZ DIRECTOR	1.00	x						0.	0.	0.
(10) TIM WEGSCHEID	40.00	<u> </u>						0.	0.	0.
PRESIDENT	40.00	x		x				12,500.	0.	0.
(11) MICHAEL MOORE	3.00							12,500.		
DIRECTOR		x						0.	0.	0.
(12) JOE BAER	2.00									
SECRETARY		x		Х				0.	0.	0.
(13) NEILL TOLLEFSRUD	1.00									
DIRECTOR		Х						0.	0.	0.
			$\vdash$							
		1								
332007 10-29-13										Form <b>990</b> (2013)

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	UP FOR T							20-29	74507	Page	8
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploye	ees, a	and H	lighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	box, offic	not che unless	perso	on re than n is bot tor/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount of other opensatior	ı
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Kev emplovee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	) fi org an	rom the ganization d related anizations	
											_
			_								
			_								_
1b Sub-total							12,500.	(		0	
1b       Sub-total         c       Total from continuation sheets to Par        d       Total (add lines 1b and 1c)	t VII, Section A						0.	(	). ).	0	<u>.</u>
2 Total number of individuals (including b compensation from the organization		nose	listed	l abo	ve) wl	no re	eceived more than \$100	,000 of reportable		Yes N	0
<b>3</b> Did the organization list any <b>former</b> offi line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>							highest compensated e		3		
4 For any individual listed on line 1a, is th and related organizations greater than s	\$150,000? If "Yes,	ole co ," <i>cor</i>	mper nplet	nsatio e Sch	on and hedul	d otl e <i>J f</i>	her compensation from for such individual	the organization		X	
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes," of Section B. Independent Contractors									5	X	
Complete this table for your five highes     the organization. Report compensation	-								ensation	from	_
(A) Name and busin	ess address	NC	NE				<b>(B)</b> Description of s	ervices		<b>C)</b> Insation	
											_
2 Total number of independent contracto \$100,000 of compensation from the org		not lin	nited	to th	ose li: 0	stec	d above) who received m	ore than	Form	<b>990</b> (201	3)
222008										101	-1

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Form	990	(20)	13	)
				_

Form 990 (2013)TEE IT UP FOR THE TROOPS, INC.20-2974507Page 9Part VIIIStatement of Revenue

		Check if Schedule O contains a resp	onse or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
លស	1.	a Federated campaigns 1					012 014
Contributions, Gifts, Grants and Other Similar Amounts		1 9 H					
ဇာဠ		b Membership dues					
Ę,		c Fundraising events 1					
l <u>a</u> i		J	d				
Sin's		э (	e				
e ti	1	All other contributions, gifts, grants, and					
ēŧ		similar amounts not included above 1					
t p	9	g Noncash contributions included in lines 1a-1f: \$	104,630.				
<u>a ö</u>	I	n Total. Add lines 1a-1f	▶	1,696,113.			
			Business Code				
e	2 a	a					
e Ži	ŀ	b					
Program Service Revenue		c					
even a		d					
- Ber		9					
Å	1	All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends,					
	-	other similar amounts)		389.			389.
	4	Income from investment of tax-exempt b					
	5	Royalties					
	5	(i) Re					
	6						
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 8	a Gross amount from sales of (i) Secur	ities (ii) Other				
		assets other than inventory					
	ł	b Less: cost or other basis					
		and sales expenses					
		c Gain or (loss)					
	0	d Net gain or (loss)	🕨				
anu	8 8	a Gross income from fundraising events (r	ot				
ent		including \$ 1,696,113. of					
Other Reve		contributions reported on line 1c). See					
er I		Part IV, line 18					
£	ŀ	b Less: direct expenses	<b>b</b> 651,509.				
Ŭ	C	c Net income or (loss) from fundraising eve	ents 🕨	-651,509.			-651,509.
	9 a	a Gross income from gaming activities. Se	e				
		Part IV, line 19	a				
	ŀ	b Less: direct expenses	b				
		c Net income or (loss) from gaming activiti					
	10 a	a Gross sales of inventory, less returns					
		and allowances	a				
	I	b Less: cost of goods sold					
		c Net income or (loss) from sales of invent					
		Miscellaneous Revenue	Business Code				
İ	11 a						
		b	-				
		C	-				
		d All other revenue					
		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		1,044,993.	0.	0.	-651,120.
33200 10-29-				_,•,555.	0.	••	Form <b>990</b> (2013)
10-29-	-13			9			

Form 990 (		TEE		-	-
Part IX	Statement	οτ Functio	onai	Expe	nses

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Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor		-		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b. 9b. and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			5	1
	organizations in the United States. See Part IV, line 21	869,837.	869,837.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16 $\dots$				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	12,500.		12,500.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	120 000		120.000	
7	Other salaries and wages	132,879.		132,879.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	7,050.		7,050.	
9	Other employee benefits	11,448.		11,448.	
10	Payroll taxes	±±,440•		±±,440•	
11	Fees for services (non-employees):				
a b	Management	2,100.		2,100.	
	Legal Accounting	9,424.		9,424.	
	Lobbying	5,1210		5,1210	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	10,234.		10,234.	
12	Advertising and promotion	6,590.		6,590.	
13	Office expenses	9,516.		9,516.	
14	Information technology				
15	Royalties	24 544			
16	Occupancy	34,511.		34,511.	
17	Travel	11,574.	11,574.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	4,216.		4,216.	
22		6,290.		6,290.	
23 24	Other expenses. Itemize expenses not covered	.,			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	18,191.		18,191.	
b	TELEPHONE/INTERNET/CABL	6,218.		6,218.	
с	AUTO EXPENSE	1,352.		1,352.	
d	BANK SERVICE CHARGES	450.		450.	
е	All other expenses	345.		345.	
25	Total functional expenses. Add lines 1 through 24e	1,154,725.	881,411.	273,314.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

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11 2013.04010 TEE IT UP FOR THE TROOPS, I 80010_1

	Form 990 (		IT	UP	FOR	$\mathbf{THE}$	TROOPS,	INC.
ĺ	Part X	Balance Sheet						

1 u							
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			290,603.	1	546,378.
	2	Savings and temporary cash investments			51,964.	2	16,828.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			71,667.	4	14,953.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	<b>B</b>		[	38,400.	9	0.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	25,486.			
	b	Less: accumulated depreciation	10b	4,874.	18,310.	10c	20,612.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			470,944.	16	598,771.
	17	Accounts payable and accrued expenses			175,002.	17	392,932.
	18	Grants payable				18	
	19	Deferred revenue				19	19,629.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
iliti		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			175,002.	26	412,561.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🖾 and			
ces		complete lines 27 through 29, and lines 33 an			205 042		106 010
lano	27	Unrestricted net assets			295,942.	27	186,210.
Ba	28	Temporarily restricted net assets				28	
pur	29					29	
ц		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶ □ □			
S 0		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in		<b>F</b>	295,942.	32	186,210.
_	33	Total net assets or fund balances			470,944.	33	598,771.
	34	Total liabilities and net assets/fund balances			4/0,944.	34	<u> </u>

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Form **990** (2013)

Έ	$\mathbf{IT}$	UP	FOR	THE	TROOPS,	INC.

Form	1990 (2013) TEE IT UP FOR THE TROOPS, INC.	20-297	1507	Pag	ge <b>12</b>
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)		L,044		
2	Total expenses (must equal Part IX, column (A), line 25)	2	L,15		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	5,9	42.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18	5,2	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	l 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 separat	e basis,			
	consolidated basis, or both:				
	X 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (	2013)

SCHEDULE A
------------

### (Form 990 or 990-EZ)

# 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-F7

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service     Attach to Form 990 or Form 990-EZ.     Open to Inspective       Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.     Inspective					o Publ ection	ic								
Name of	the organizati				1 (1 0111 000	01 000 EL)			ac // // // .// 3			identificati	on nu	mber
	-		IT J	UP FOR	THE 7	ROOPS	, INC	•				0-2974		
Part I	Reason	for Public							t.) See inst	ructions.				
The organ	nization is not a	a private found	dation k	because it is	: (For lines	1 through	11, check	only one b	ox.)					
1 🗂		nvention of ch			-	-		•		-				
2	-	cribed in <b>sect</b>												
3		a cooperative					in <b>section</b>	170(b)(1)	(A)(iii).					
4		search organiz	•		•					(b)(1)(A)(ii	i). Enter	the hospital	's nam	ıe,
	city, and state:													
5	An organizati	on operated f	or the t	penefit of a c	college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	oed in		
	section 170	(b)(1)(A)(iv). ((	Comple	te Part II.)										
6	A federal, sta	te, or local go	vernme	ent or goverr	nmental un	it describe	d in <b>sectio</b>	n 170(b)( ⁻	1)(A)(v).					
7	An organizati	on that norma	ally rece	eives a subs	tantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed i	n
	section 170(	<b>b)(1)(A)(vi).</b> (C	complet	e Part II.)										
8	A community	trust describ	ed in <b>s</b> e	ection 170(b	o)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that norma	ally rece	eives: (1) mo	re than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ind gross re	ceipts	from
	activities rela	ted to its exer	mpt fun	ctions - subj	ject to cert	ain excepti	ons, and (	2) no more	than 33 1	3% of its	suppor	t from gross	invest	ment
	income and ι	inrelated busi	iness ta	xable incom	ne (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 3	30, 197	′5.
	See section	<b>509(a)(2).</b> (Co	mplete	Part III.)										
10	An organizati	on organized	and op	erated exclu	usively to te	est for publ	ic safety. S	See <b>sectio</b>	on 509(a)(4	<b>4)</b> .				
11 🗌	An organizati	on organized	and op	erated exclu	usively for t	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purposes o	of one	or
	more publicly	supported o	rganiza	tions descril	bed in sect	ion 509(a)( [.]	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Ch	eck the box	that	
	describes the	e type of supp	oorting (	organization	and comp	lete lines 1	1e through	n 11h.						
	a 🗌 Type I	ъ	Ту	pe II	с 🗌 т	ype III - Fu	nctionally	integrated	c	<b>і</b> 🗔 Тур	e III - No	n-functional	ly integ	grated
e 📖	By checking	this box, I cer	tify that	t the organiz	ation is not	t controllec	I directly o	r indirectly	/ by one o	r more dis	qualified	persons ot	her tha	ın
	foundation m	anagers and	other th	nan one or m	nore publicl	ly supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received	d a writt	en determin	ation from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, cl	neck th	is box										
g		t 17, 2006, ha												
	(i) A perso	n who directly	/ or indi	rectly contro	ols, either a	lone or tog	ether with	persons o	described	in (ii) and (	iii) below	',	Yes	No
	the gove	erning body o	f the su	pported org	anization?							11g(i)		
	(ii) A family	member of a	person	described i	n (i) above?	?						11g(ii)		
	(iii) A 35% d	controlled enti	ity of a	person desc	cribed in (i)	or (ii) above	ə?					11g(iii)		
h	Provide the f	ollowing inforr	mation a	about the su	pported or	rganization	(s).							
(i) Name	e of supported	(ii) EIN		(iii) Type of a	organization	r /	0	(v) Did you		<b>(vi)</b> Is organizațio	s the	(vii) Amoun	t of moi	netary
org	anization			(described of			sted in your document?		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
				above or IF (see instr		-		., .						
				,	//	Yes	No	Yes	No	Yes	No			

<u>Total</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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#### Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	-		12	
13	First five years. If the Form 990 is for			rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	ic Support Pe	ercentage				
14	Public support percentage for 2013 (li	ine 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Parl	t II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	rganization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶∟
b	33 1/3% support test - 2012. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <b>stop</b>	<b>here.</b> Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - <b>2012.</b> If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	umstances" test, o	heck this box and	<b>stop here.</b> Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s ►
					0.1	odulo A (Eorm 990	000 EZ) 0040

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

# Schedule A (Form 990 or 990-EZ) 2013 TEE IT UP FOR THE TROOPS, INC.

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

-

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	275,773.	400,309.	249,822.	75,560.	145,789.	1147253.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	250,337.	374,488.	453,282.	219,570.	679,316.	1976993.	
3	Gross receipts from activities that			,		-		
•	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	526,110.	774,797.	703,104.	295,130.	825,105.	3124246.	
	Amounts included on lines 1, 2, and			,				
	3 received from disgualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						0.	
с	Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6.)						3124246.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010 774,797.	(c)2011 703,104.	(d) 2012 295,130.	(e) 2013 825,105.	(f) Total	
9	Amounts from line 6	526,110.	774,797.	703,104.	295,130.	825,105.	3124246.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part IV.)	526,110.	774.797.	703,104.	295,130.	825,105.	3124246.	
	First five years. If the Form 990 is for	-	-	-	-	-		
	check this box and stop here	0	, ,	, ,	,	()()	<i>,</i>	
Sec	tion C. Computation of Publ							
	Public support percentage for 2013 (			column (f))		15	100.00 %	
16	Public support percentage from 2012						100.00 %	
	tion D. Computation of Invest					10		
-	Investment income percentage for 20			ne 13. column (f))		17	.00 %	
18	Investment income percentage from 2					18	%	
	33 1/3% support tests - 2013. If the							
154		-						
h	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization LX = b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
a								
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization							
		T GIG HOL CHECK A						
33202	332023 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 15							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

		_	_		
32024 09-25-13	2013.04010		Sc	hedule A (Form	990 or 990-EZ)

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

Name of the	organization
-------------	--------------

	TEE IT UP FOR THE TROOPS, INC.	20-2974507
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

# Name of organization

Employer identification number

20-2974507

TEE IT UP FOR THE TROOPS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREYSTONE CONSTRUCTION 500 S MARSCHALL ROAD SHAKOPEE, MN 55379	\$ <u>13,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MIRASOL 2801 CENTRAL AVE NE #8 MINNEAPOLIS, MN 55418	\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SCHADEGG MECHANICAL INC. 225 BRIDGEPORT DRIVE SOUTH ST PAUL, MN 55075	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STAMPINGS OF MINNESOTA 21980 HAMBURG AVENUE LAKEVILLE, MN 55044	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THANKS TROOPS 1410 FORD STREET COLORADO SPRINGS, CO 80915	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	POLARIS DEFENSE 2100 HIGHWAY 55 MEDINA, MN 55340	\$\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
323452 10-2	18	Schedule D (FOIM	330, 330-LZ, UI 330-FF) (2013)

08410804 758773 80010

Employer identification number

20-2974507

TEE IT UP FOR THE TROOPS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FEDERAL FOAM TECHNOLOGIES INC. 600 WISCONSIN DRIVE NEW RICHMOND, WI 54017	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROBINS, KAPLAN, MILLER & CIRESI L.L.P. 800 LASALLE AVE #2800 MINNEAPOLIS, MN 55402	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WOODBURY FINANCIAL SERVICES INC. 7753 3RD STREET NORTH OAKDALE, MN 55128	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CMAA GREATER SOUTHWEST CHAPTER9333 N 119TH WATSCOTTSDALE, AZ 85259	\$23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FULL SWING INC. 10890 THORNMINT ROAD SAN DIEGO, CA 92127	\$50,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	STATE GOVERNMENT AFFAIRS COUNCIL 515 KING STREET, STE 325 ALEXANDRIA, VA 22314	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2	19	Schedule B (Form UP FOR THE TROOI	990, 990-EZ, or 990-PF) (2013)

Employer identification number

20-2974507

TEE IT UP FOR THE TROOPS, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	BERKSON WALISEVER CHARITABLE FOUNDATION INC 185 HEATHCOTE RD SCARSDALE, NY 10583	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DISABLED SPORTS USA		Person X
	451 HUNGERFORD DRIVE, STE 100 ROCKVILLE, MD 20850	\$ <u>10,500.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ALL AMERICAN RESTORATION, LLC	. 7 500	Person X Payroll
	4105 85TH AVE NORTH, STE 202 MINNEAPOLIS, MN 55443	\$ <u>7,500.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	AT&T 208 SOUTH AKARD STREET DALLAS, TX 75202	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	FISHER HOUSE 111 ROCKVILLE PIKE ROCKVILLE, MD 20850	\$14,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	FOX RIVER GRAPHICS 150 S WASHINGTON ST CARPENTERSVILLE, IL 60110	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2 410804	4-13 20 20 2013.04010 TEE IT		990,990-EZ,or990-PF)(2013)

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INC.

# TEE IT UP FOR THE TROOPS,

Name of organization

Employer identification number

20-2974507

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GALAXY SALES, INC. 8694 EAGLE CREEK PKWY SAVAGE, MN 55378	\$14,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	HOPE FOR THE WARRIORS 5101C BACKLICK RD ANNANDALE, VA 22003	- \$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	LAKESIDE OIL COMPANY, INC. 555 W BROWN DEER RD, STE 200 MILWAUKEE, WI 53224	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 UNITED HEALTHCARE 9700 HEALTH CARE LANE	Total contributions	Type of contribution       Person    X      Payroll
No. 22 (a)	Name, address, and ZIP + 4 UNITED HEALTHCARE 9700 HEALTH CARE LANE MINNETONKA, MN 55343 (b)	Total contributions       -     \$5,000.       -     (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 22 (a) No.	Name, address, and ZIP + 4         UNITED HEALTHCARE         9700 HEALTH CARE LANE         MINNETONKA, MN 55343         (b)         Name, address, and ZIP + 4         WINTRUST MORTGAGE         4350 BAKER RD, STE 100	Total contributions Total contributions (c) Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person       X         Payroll       Image: Complete Part II for noncash       Image: Complete Part II for noncash         (complete Part II for       Image: Complete Part II for noncash       Image: Complete Part II for noncash
No. 22 (a) No. 23 (a)	Name, address, and ZIP + 4 UNITED HEALTHCARE 9700 HEALTH CARE LANE MINNETONKA, MN 55343 (b) Name, address, and ZIP + 4 WINTRUST MORTGAGE 4350 BAKER RD, STE 100 MINNETONKA, MN 55343 (b) Name, address, and ZIP + 4 PING GOLF P.O. BOX 82000 PHOENIX, AZ 85071	$ \begin{array}{c c}     Total contributions \\     \hline                               $	Type of contribution          Person       X         Payroll

08410804 758773 80010

Name of organization

#### TEE TT UP FOR THE TROOPS

Employer identification number

20-2974507

Person Payroll

Noncash

(d) Type of contribution

X

TEE I	T UP FOR THE TROOPS, INC.		2				
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	າຣ				
25	BRIDGESTONE GOLF, INC. 15320 INDUSTRIAL PARK BLVD, NE COVINGTON, GA 30014	\$38,0	42.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร				

	COVINGTON, GA 30014		(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) 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) 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
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
,0 2	22	2	, <i></i> , , <b></b> - ,

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

Employer identification number

20-2974507

# TEE IT UP FOR THE TROOPS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	GOLF SIMULATOR	_	
		\$50,000.	06/07/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	GOLF CLUBS	_	
		\$6,000.	06/07/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	GOLF BALLS	_	
		\$38,042.	10/21/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10-24	 ¹³ 23	\$Schedule B (Form	990, 990-EZ, or 990-PF

a) No. from		nal space is needed.	(7), (8), or (10) organizations that total more than \$1,000 ons completing Part III, enter r the year. (Enter this information once.) * \$
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	  t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
Depart	m 990) ment of the Treasury	anization answered "Yes," to Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		<b>ZU13</b> Open to Public Inspection	
	I Revenue Service		rm 990) and its instructions is at _{www} irs gov/f		over identification number
Ham		TEE IT UP FOR THE	TROOPS, INC.	Emple	20-2974507
Pa	rt I Organiza	tions Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccoun	ts.Complete if the
	organization	answered "Yes" to Form 990, Part IV, lin			
			(a) Donor advised funds (I	<b>b)</b> Funds	and other accounts
1		d of year			
2		tions to (during year)			
3		rom (during year)			
4 5		end of year	writing that the assets held in donor advised fun	do	
5	-		exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used o		
-			or donor advisor, or for any other purpose confer		
	impermissible priva			•	🖸 Yes 🛛 🗆 No
Pa	rt II Conserva		ganization answered "Yes" to Form 990, Part IV,		
1	Purpose(s) of conse	ervation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e	education)	ly import	ant land area
	Protection of	natural habitat	Preservation of a certified his	storic str	ructure
		of open space			
2	•	· · ·	ified conservation contribution in the form of a co	onservati	on easement on the last
	day of the tax year.				ald at the Fad of the Tax Veen
-	Total number of an	nonvotion accoments			eld at the End of the Tax Year
a b				2a 2b	
b C	•		ructure included in (a)	20 20	
d			after 8/17/06, and not on a historic structure	20	
				2d	
3			eleased, extinguished, or terminated by the organ	ization c	luring the tax
	year 🕨				
4	Number of states w	here property subject to conservation ea	asement is located 🕨		
5	•		riodic monitoring, inspection, handling of		
-			it holds?		
6			, and enforcing conservation easements during the		
7			enforcing conservation easements during the ye		
8			ve satisfy the requirements of section 170(h)(4)(B		Yes No
9			ion easements in its revenue and expense stater		
5		•	ation's financial statements that describes the org		
	conservation easen			,	in e decedariang rei
Pa			of Art, Historical Treasures, or Other S	Similar	r Assets.
	Complete if	the organization answered "Yes" to Form	1990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement ar	nd balan	ce sheet works of art,
	historical treasures	, or other similar assets held for public ex	hibition, education, or research in furtherance of	public se	ervice, provide, in Part XIII,
		note to its financial statements that descr			
b			SC 958), to report in its revenue statement and b		
			ducation, or research in furtherance of public ser	rvice, pro	ovide the following amounts
	relating to these ite				
0	.,		acuras, or other similar assets for financial gain		
2	-	received or held works of art, historical tre nts required to be reported under SFAS 1	easures, or other similar assets for financial gain,	hinniae	
а	•		(ASC 958) relating to these items:	¢ (	
a b					
				Ψ	
LHA 33205 09-25-		duction Act Notice, see the Instruction	ns for Form 990.	So	chedule D (Form 990) 2013

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25 4010 TEE TT UP

Sche	dule D (Form 990) 2013 <b>TEE IT</b>	UP FOR	THE	TRO	OPS,	INC.		20-29	7450	7 р	age <b>2</b>
Par	t III Organizations Maintaining C	Collections	of Arl	t, Hist	orical	Treasures,	or Other	Similar Asse	ets(contin	ued)	
3	Using the organization's acquisition, access	ion, and other	records	, check	any of t	he following tha	at are a sigr	ificant use of its	collection	n item	າຣ
	(check all that apply):										
а	Public exhibition		d	Lι	_oan or e	exchange progra	ams				
b	Scholarly research		е		Other						
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and	l explain	how th	ey furthe	er the organizat	ion's exemp	ot purpose in Pa	rt XIII.		
5	During the year, did the organization solicit of								_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		Complet	e if the	organiza	tion answered	"Yes" to Fo	rm 990, Part IV,	line 9, or		
<b>1</b> a	Is the organization an agent, trustee, custod on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
				0					Amount		
с	Beginning balance							1c			
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organiza	tion ans	wered	"Yes" to	Form 990, Part	IV, line 10.				
		(a) Current	year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		balance	e (line 1	g, columi	n (a)) held as:					
а	Board designated or quasi-endowment	-		%							
b	Permanent endowment	%		-							
с	Temporarily restricted endowment		%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100	%.								
3a	Are there endowment funds not in the posse	-		tion tha	t are hele	d and administe	ered for the	organization			
	by:		0					0	Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								·		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		rm 990,	Part IV,	line 11a	. See Form 990	, Part X, line	e 10.			
	Description of property		ost or ot			ost or other		umulated	(d) Bool	< valu	e
			investm		• •	sis (other)		ciation	(,		-
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements					8,089.		834.		7,2	55.
	Equipment					17,397.		4,040.			57.
	Other					,		,		, ,	
	Add lines 1a through 1e. (Column (d) must e		0. Part X	(. colurr	nn (B). lin	e 10(c).)			20	0,6	12.
		,	,,	,	_/ <i>}</i> /	- 177		Schedul			
								Jenedun	,,		, _3.0

332052 09-25-13

|--|

	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
.,	on of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or ei	nd-of-year market value
	derivatives				
	eld equity interests				
3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.) 🕨				
	Investments - Program Related.		•		
(	Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11c. See Form 990,	Part X, line 13.	
	(a) Description of investment	(b) Book value			nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
(	Complete if the organization answered "Yes"	Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value
(1)	(a)	Description			
(1) (2)					
(3)					
(4)					
(4)					
(6)					
(7)					
(8)					
(9)					
. ,	n (b) must equal Form 990, Part X, col. (B) line	e 15.)			•
	Other Liabilities.	·		· · · · ·	- -
(	Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11e or 11f. See For	m 990, Part X, line 2	5.
1.	(a) Description of liability		(b) Book value		
(1) Feder	ral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				-	
(7) (8)					
(7) (8) (9)					
(7) (8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line				
(7) (8) (9) Fotal. (Colum) 2. Liability fo	n (b) must equal Form 990, Part X, col. (B) line or uncertain tax positions. In Part XIII, provide ion's liability for uncertain tax positions under	the text of the footnot	-		

Sche	dule D (Form 990) 2013 TEE IT UP FOR THE TROOPS,	INC.		20-	2974507 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,696,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		651,509.		
е				2e	651,509.
3	Subtract line 2e from line 1			3	1,044,993.
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.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,044,993.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	ırn.
Pa	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nents Wit		Retu	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit		Retu	ırn. 1,806,234.
	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nents Wit			
1	Reconciliation of Expenses per Audited Financial Stater           Complete if the organization answered "Yes" to Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit			
1 2	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit			
1 2	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit		1	
1 2	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	nents Wit		1	1,806,234.
1 2 a b c	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	nents Wit	651,509.	1 2e	<u>1,806,234.</u> 651,509.
1 2 a b c d	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	nents Wit	651,509.	1	1,806,234.
1 2 b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	nents Wit	651,509.	1 2e	1,806,234.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit	651,509.	1 2e	1,806,234.
1 2 b c d e 3 4 a	TXII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a            2b            2c            2d	651,509.	1 2e	1,806,234.
1 2 3 4 3 4 b	<b>t XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a            2a            2b            2c            2d	651,509.	1 2e	1,806,234. 651,509. 1,154,725. 0.
1 2 a b c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	651,509.	1 2e 3	<u>1,806,234.</u> 651,509.

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; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

# EVENT EXPENSES

332054 09-25-13

08410804 758773 80010

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Schedule D (Form 990) 2013

651,509.

651,509.

2013.04010 TEE IT UP FOR THE TROOPS, I 80010_1

Department of the Treasury Internal Revenue Service	Complete	if the org	organizat ganizatio	ion ansv n entere ► Atta	vered "Yes" to d more than \$1 ich to Form 990	Form 9 5,000 ( ) or Fo	990, P on Fo rm 99	ing or Gaming <i>A</i> art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ictions is at <u>www_irs g</u>	or 19	, or if the	2 Open Inspec	
Name of the organization	TEE 1	ст U	JP FOI	R THE	TROOPS,	IN	c.			Employer i 20-297		ation number
Part I Fundraisin	g Activi	ties.	Complete					Form 990, Part IV, I	ine 1			
<ul> <li>required to co</li> <li>Indicate whether the c</li> <li>a Ail solicitation</li> <li>b Internet and er</li> <li>c Phone solicitat</li> <li>d In-person solici</li> <li>2 a Did the organization key employees listed</li> <li>b If "Yes," list the ten h compensated at leas</li> </ul>	organizations nail solicita ions tations have a writ in Form 99 ighest paid	n raise ations tten or 90, Pai d indiv	ed funds ti oral agree rt VII) or e riduals or e	ement wil ntity in co	e Solicita f Solicita g Special th any individua ponnection with p	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	<u> </u>	es to be	No No
(i) Name and address of or entity (fundra		al		(ii) Acti	vity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (ơ	Amount paid or retained b fundraiser ted in col. <b>(i)</b>	y) to (o	Amount paid r retained by) ganization
						Yes	No					
											_	
											_	
Total												
3 List all states in which or licensing.	the organ	ization	is registe	red or lic	ensed to solicit	contrib	outions	s or has been notified	d it is	exempt fror	n registra	ition
							000					
LHA For Paperwork Red 332081 09-12-13	uction Act	I Notic	e, see the	e Instruc	tions for Form	990 or	990-1	EZ. S	sched	aule G (Forn	1 990 or	990-EZ) 2013

08410804 758773 80010 2013.04010 TEE IT UP FOR THE TROOPS, I 80010_1

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gradient of fundraising event contributions.				
			(a) Event #1 SEACLIFF	(b) Event #2 ALTA VISTA GOLF TOURNAM	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	263,299.	259,917.	1,172,897.	1,696,113.
ш	2	Less: Contributions	263,299.	259,917.	1,172,897.	
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	100,108.	100,157.	451,244.	651,509.
Direct E	7	Food and beverages				
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug			<b>`</b>	651,509.
					•	-651,509.
Pa	rt I	<b>II Gaming.</b> Complete if the organization		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	i	(b) Pull tabs/instant		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>۳</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	 		<b>I</b>	
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
	_					
		ter the state(s) in which the organization opera he organization licensed to operate gaming ac	· · -	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses r Yes," explain:				Yes No
3300		9-12-13			Schodulo G /For	rm 990 or 990-EZ) 2013
3320	JZ US	- 12- 13				111 990 01 990-ELJ 2013

2013.04010 TEE IT UP FOR THE TROOPS, I 80010_1

Sch	edule G (Form 990 or 990-EZ) 2013 TEE IT UP FOR THE TROOPS, INC. 20-2	2974	507	Page <b>3</b>
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
33204	33 09-12-13 Schedule G (Forr	n 990	or gar	-F7) 2013
55200	31 31			
410	2013.04010 TEE IT UP FOR THE TROOPS.	I	800	10 1

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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990							Open to Public Inspection			
Name of the organization TEE IT UB		TROOPS, INC			<u> www.its.govnoima</u> .	907	Employer identification number $20-2974507$			
Part I General Information on Grants	and Assistance									
1 Does the organization maintain records criteria used to award the grants or ass	istance?						ction Yes X No			
2 Describe in Part IV the organization's purposed of the second s										
<b>Part II</b> Grants and Other Assistance to recipient that received more than		-			anization answered "	Yes" to Form 990, Par	TV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DISABLED SPORTS USA 451 HUNGERFORD DRIVE, STE 100 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	5,000.	56,000.	FMV	GOLF SIMULATOR AND GOLF CLUBS	PROGRAM ASSISTANCE			
FISHER HOUSE 299 PARK AVENUE NEW YORK, NY 10171	11-3158401	501(C)(3)	101,000.	39,000.	FMV	GOLF CARTS	PROGRAM ASSISTANCE			
HOPE FOR THE WARRIORS 1335 WESTERN BLVD JACKSONVILLE, NC 28546	20-5182295	501(C)(3)	115,000.	0.	FMV		PROGRAM ASSISTANCE			
INTREPID FALLEN HEROES FUND WEST 46TH STREET 12TH AVE NEW YORK, NY 10036	20-0366717	501(C)(3)	20,000.	0.	FMV		PROGRAM ASSISTANCE			
PAWPADS 8239 150TH ST W SAVAGE, MN 55378	51-0593176	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE			
BLUE STAR FAMILIES PO BOX 322 FALLS CHURCH, VA 22040	80-0369895	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE			
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	ns listed in the line	1 table	ne line 1 table		•		Schedule I (Form 990) (2013)			

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODE OF SUPPORT FOUNDATION 2050 BALLENGER AVE, STE 400							
ALEXANDRIA, VA 22314	27-3485502	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
NAVY-MARINE CORPS RELIEF SOCIETY 875 N RANDOLPH STREET, STE 225 ARLINGTON, VA 22203	53-0204618	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28687	26-3516121	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
UNITED SERVICE ORGANIZATIONS, INC. 2111 WILSON BLVD ARLINGTON, VA 22201	13-1610451	501(C)(3)	61,000.	0.	FMV		PROGRAM ASSISTANCE
WARRIOR CANINE CONNECTION, INC. 23222 GEORGIA AVENUE BROOKEVILLE, MD 20833	45-2981579	501(C)(3)	26,482.	0	FMV		PROGRAM ASSISTANCE
, FLAGS FOR FALLEN MILITARY 17070 ROGERS ROAD EDEN PRAIRIE, MN 55347	26-0215456		5,000.		FMV		PROGRAM ASSISTANCE
FRIENDS OF FREEDOM 2010 W PARKSIDE LANE, STE 110 PHOENIX, AZ 85027	80-0677409	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
K9S FOR WARRIORS 260 SOUTH ROSCOE BLVD PONTE VEDRA, FL 32082	27-5219467	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY, INC 8515 ARJONS DRIVE, STE A - SAN DIEGO, CA 92126	95-2151526	501(C)(3)	7,000.	0.	FMV		PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COAST GUARD FOUNDATION, INC. 394 TAUGWONK RD							
STONINGTON, CT 06378	04-2899862	501(C)(3)	14,900.	0.	FMV		PROGRAM ASSISTANCE
FAMILY SERVICE ROCHESTER, INC. 1110 6TH ST NW							
ROCHESTER, MN 55901	41-0883453	501(C)(3)	7,500.	0.	FMV		PROGRAM ASSISTANCE
WARRIOR FOUDNATION FREEDOM STATION 1223 1/2 28TH STREET							
SAN DIEGO, CA 92102	20-0067633	501(C)(3)	57,981.	0.	FMV		PROGRAM ASSISTANCE
GARY SINISE CHARITABLE FOUNDATION PO BOX 50008							
STUDIO CITY, CA 91604	80-0587086	501(C)(3)	25,000.	0.	FMV		PROGRAM ASSISTANCE
GOODWILL INDUSTRIES OF CENTRAL ILLINOIS - 2319 E WAR MEMORIAL DR							
- PEORIA, IL 61614	37-0673521	501(C)(3)	7,000.	0.	FMV		PROGRAM ASSISTANCE
GREATER PEORIA HONOR FLIGHT 11117 N BROOKHAVEN CT PEORIA, IL 61615	46-1934881	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
NATIONAL GUARD ASSOCIATION OF ILLINOIS - 1301 N MACARTHUR BLVD -							
SPRINGFIELD, IL 62702	37-0950079	501(C)(19)	15,000.	0.	FMV		PROGRAM ASSISTANCE
IRONWOOD SPRINGS CHRISTIAN RANCH INC 7291 COUNTY ROAD 6 SW -							
STEWARTVILLE, MN 55976	41-1281157	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
REAR AREA SUPPORT FOUNDATION, INC. 4160 E SUMMER CREEK LANE							
ANAHEIM, CA 92807	26-2879835	501(C)(3)	7,500.	0.	FMV		PROGRAM ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INJURED MARINE SEMPER FI FUND PO BOX 555193							
CAMP PENDELTON, CA 92055	26-0086305	501(C)(3)	5,000.	٥.	FMV		PROGRAM ASSISTANCE
TENDER LOVING CANINES ASSISTANCE							
DOGS - PO BOX 1244 - SOLANA BEACH, CA 92075	33-0809688	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
USA CARES, INC. PO BOX 759							
RADCLIFF, KY 40159	05-0588761	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
VETERANS FIRST 1540 E EDINGER AVE			15 104				
SANTA ANA, CA 92705	23-7143157	501(C)(3)	15,481.	0.	FMV		PROGRAM ASSISTANCE
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE, NO							
850 - FULLERTON, CA 92831	33-0567945	501(C)(3)	10,131.	0.	FMV		PROGRAM ASSISTANCE
VIETNAM VETERANS OF SAN DIEGO DBA VETERANS VILLAGE OF SAN DIEGO – 4141 PACIFIC HIGHWAY – SAN DIEGO,							
CA 92110	95-3649525	501(C)(3)	7,000.	٥.	FMV		PROGRAM ASSISTANCE
VETERANS FOUNDATION OF ILLINOIS, INC PO BOX 13206 - SPRINGFIELD,							
IL 62791	11-3698763	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
BOB MICHEL VA OUTPATIENT CLINIC 7717 N. ORANGE PRAIRIE ROAD							
PEORIA, IL 61615	37-0662493	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE

Schedule I (Form 990)

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

(Fo	rm 990)				n Fauna 000 Bant IV II		20	20	13	;
	ment of the Treasury I Revenue Service	<ul> <li>Complete if the or</li> <li>Attach to Form 99</li> <li>Information about</li> </ul>	0.		n Form 990, Part IV, II s instructions is at _{WM}			Open to Inspe	Publi	
Name	e of the organization			· · ·		<u></u>	Employer id	entificati	on nui	mber
		TEE IT UP FO	OR THE	TROOPS, I	NC.		20	-2974	507	
Pa	rt I Types of P	roperty								
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contributio amounts reported c Form 990, Part VIII, lin	n I	Method of noncash cont		•	:s
1										
2		ires								
3		sts								
4		ons								
5		old goods								
6		les								
7										
8										
9		raded								
10		eld stock								
11	Securities - Partnersh									
12	Securities - Miscellan	neous								
13	Qualified conservation									
14		on contribution - Other								
15		ntial								
16		rcial								
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical s	upplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifact	ts								
25		LF SIMULATO)	X	1			ER MARK			
26		LF CLUBS AN)	Х	3			ER MARKI		-	
27	Other 🕨 ( WEI	BSITE SERVI)	X	1	7,500	). FA]	ER MARK	ET VA	LUE	
28	Other 🕨 (	)								
29	Number of Forms 82	83 received by the orgar	nization durin	g the tax year for c	ontributions					
	for which the organiz	ation completed Form 8	283, Part IV,	Donee Acknowledg	gement 29					
									Yes	No
30a	During the year, did t	the organization receive	by contribution	on any property rep	oorted in Part I, lines 1 ·	28, that it	must hold for			
	at least three years fi	rom the date of the initia	l contribution	, and which is not	required to be used for	exempt p	urposes for			
	the entire holding pe	riod?						30a		X
b		e arrangement in Part II.								
31	Does the organization	n have a gift acceptance	e policy that r	equires the review	of any non-standard co	ontribution	s?	31		X
32a	Does the organization	n hire or use third parties	s or related o	rganizations to soli	cit, process, or sell non	icash				_
	contributions?							32a		X
b	If "Yes," describe in I	Part II.								

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

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2013)

332141 09-03-13

describe in Part II.

t II	(Form 990) (2013) <b>7</b> Supplemental I	nformation	Provide the in	formation requ	lired by Part I	lines 30h 32h		-2974507	
	Supplemental In is reporting in Part I, this part for any add	column (b), the r litional informatio	number of co	ntributions, th	e number of ite	ems received, o	or a combination	on of both. Also	complet
_			_				_		_
	3								m 990)

08

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	form990	OMB No. 1545-0047 <b>2013</b> Open to Public Inspection
Name of the organization	TEE IT UP FOR THE TROOPS, INC.		dentification number 974507
FORM 990, PART	T VI, SECTION B, LINE 11:		
EXPLANATION: A	A COMPLETE COPY OF FORM 990 IS PROVIDED TO T	HE FULI	BOARD
PRIOR TO APPRO	OVAL FOR ISSUANCE. THE FORM 990 IS READ IN IT	S ENTIF	RITY BY TOP
MANAGEMENT OF	FICIALS AND ALL FINANCIAL INFORMATION IS COM	PARED 7	TO THE
AUDITED FINANC	CIAL STATEMENTS. THE EXECUTIVE DIRECTOR SIGN	S AND F	TILES THE
FORM 990 FOLLO	WING FORMAL APPROVAL OF THE TOP MANAGEMENT	OFFICI	ALS.
FORM 990, PART	T VI, SECTION B, LINE 12C:		
EXPLANATION: 0	OFFICERS AND DIRECTORS WILL DISCLOSE ANY CON	FLICT (	OF INTEREST
DURING REGULAR	RLY SCHEDULED BOARD MEETING DISCUSSIONS.		
FORM 990, PART	T VI, SECTION B, LINE 15:		
EXPLANATION: A	ALL HOURLY WAGES AND SALARIES ARE REVIEWED A	ND APPF	ROVED BY THE
BOARD DURING	THEIR REGULARLY SCHEDULED BOARD MEEETINGS.		
FORM 990, PART	T VI, SECTION C, LINE 19:		
EXPLANATION: 7	THE ORGANIZATION WILL MAKE AVAILABLE TO THE	PUBLIC,	, UPON
REQUEST TO IT	S EXECUTIVE DIRECTOR, FORM 1023, FORM 990 A	ND ANNU	JAL REPORTS
AND FINANCIALS	5.		
FORM 990, PART	T XII, LINE 2C:		
EXPLANATION: 7	THE BOARD OF DIRECTORS ASSUMES FULL RESPONSI	BILITY	FOR THE
REVIEW AND OVE	ERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEM	ENTS AL	ID THE
SELECTION OF A	AN INDEPENDENT ACCOUNTANT.		

## Depreciation and Amortization Detail FORM 990 PAGE 10

Asset Number		Date	Method/	Life	Line	Description		Assumulated	Current voor
Number		placed in service	IRC sec.	or rate	No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MA	CHINEF	XY & I	EQUIPM	<b>ÍENT</b>				
1		IPADS			10	2 010		201	E
2		06 ₁ 30 ₁ 2 РТОР	19L	5.00	16	2,910.		291.	53
2		12 ₁ 28 ₁ 12	2SL	5.00	16	2,896.			5'
4		UMA EN			<u> </u>	_,			-
		11 ₁ 15 ₁ 12		5.00	16	11,012.		367.	2,2
5		MPUTER			10		1		
		10 ₁ 22 ₁ 3		5.00		579. ACHINERY & EQ			
		990 FF.				17,397.		658.	3,38
	MA	NAGEME	ENT AN	ND GEN	IERA				-,
3		PROVEM		4 - 00		0 4 5 0			
E		12 ₁ 20 ₁ 12		15.00		2,150. UNTERTOPS			14
0		10 HEN 09 17 3		5.00		2,000.			10
7		BINETS				2,000	1		
		03 ₁ 31 ₁ 33	BSL	5.00	16	3,939.			5
	*	990 PA	AGE 10	) TOTA	L M	ANAGEMENT AND			
	* (					8,089.	0.	0.	8
		SRAND	TOTAL	1 990	PAG	E 10 DEPR 25,486.	0.	658.	4,2
						25,100.		050.	1,4.
		1 1							
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			1	1					
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		1 1							
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					<u> </u>				
		<u> </u>							
		· ·					-		
	L		1	1				I	
16261					#	- Current year section 179	) (D) - Asset dispos	sed	
5-01-13						,	39.1		

# TAXABLE YEAR

## California Exempt Organization Annual Information Return

328941 11-14-13 FORM

199

Calendar Yea	r 2013 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm	/dd/yyyy)		
-	rganization Name			California corpo	pration nu	umber
TEE IT	UP FOR THE TROOPS, INC.			2029	745(	07
	, room, or PMB no.)			FEIN		
515 WE	ST TRAVELERS TRAIL			20-2	9745	507
City	Stat	e ZIP C	ode			
BURNSV	ILLE MI	N 55	337			
A First Ret		J If exemp	ot under R&TC Secti	on 23701d, has t	he orga	anization
B Amende	d Information Return • Yes 🚺 No	during t	he year: (1) participa	ited in any politic	al camp	baign,
C IRC Sect	ion 4947(a)(1) trust Yes 🛛 🗶 No	or (2) at	tempted to influence	e legislation or an	y ballot	t measure,
D Final Info	ormation Return?	or (3) m	ade an election unde	er R&TC Section	23704.	5
•	Dissolved • Surrendered (Withdrawn)	(relating	to lobbying by publ	ic charities)?		● Yes X No
•	Merged/Reorganized Enter date: (mm/dd/yyyy)		complete and attach			
E Check ac	counting method:	K Is the or	ganization exempt u	nder R&TC Sect	on 237	01g? • 🗌 Yes 🔀 No
(1)	Cash (2) 🗴 Accrual (3) 🗌 Other	lf "Yes,"	enter the gross rece	ipts from nonme	mber	
F Federal r	eturn filed?	sources				\$
	990T (2)● 990 PF (3)● Sch H ( 990)	L If organi	ization is exempt une	der R&TC Section	n 23701	1d and is
G Is this a	group filing for the subordinates/affiliates? $\dots ullet \square$ Yes $[\mathbf{X}]$ No	exclusiv	ely religious, educat	ional, or charitab	le, and i	is
	attach a roster. See instructions	support	ed primarily (50% or	more) by public	contrib	outions,
H Is this or	ganization in a group exemption? $\hfill \qquad igcap_{A}$ No	check b	ox. No filing fee is re	quired.		•
	what is the parent's name?	M Is the or	ganization a Limited	Liability Compar	וא <b>?</b>	• Yes 🗶 No
			organization file Forr			
I Did the o	rganization have any changes in its activities, governing	report ta	axable income?			• Yes 🔀 No
	nt, articles of incorporation, or bylaws that have	0 Is the or	ganization under au	dit by the IRS or	has the	
not been	reported to the Franchise Tax Board? • Yes X No	IRS aud	ited in a prior year?			• Yes 🗶 No
If "Yes," e	explain, and attach copies of revised documents.					
Part I (	Complete Part I unless not required to file this form. See General Ins	structions B	and C.			
	1 Gross sales or receipts from other sources. From Side 2, Part I				1	389. ₀₀
	2 Gross dues and assessments from members and affiliates				2	00
	3 Gross contributions, gifts, grants, and similar amounts received	d			3	1,696,113. ₀₀
Receipts	4 Total gross receipts for filing requirement test. Add line 1 throu	•		TMT 2		
and	This line must be completed. If the result is less than \$50,000	), see Genera	I Instruction B	•	4	1,696,502. ₀₀
Revenues	5 Cost of goods sold		5	00		
	6 Cost or other basis, and sales expenses of assets sold		6	00		
	7 Total costs. Add line 5 and line 6				7	00
	8 Total gross income. Subtract line 7 from line 4			•	8	1,696,502. ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	1,806,234.00
	10 Excess of receipts over expenses and disbursements. Subtract				10	-109,732.00
	11 Filing fee \$10 or \$25. See General Instruction F				11	10.00
Filing	12 Total payments				12	00
Fee					13	00
	14 Use tax. See General Instruction K				14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line				15	10.00
•	Under penalties of perjury, I declare that I have examined this return, including ac it is true, correct, and complete. Declaration of preparer (other than taxpayer) is be	ased on all info	rmation of which prepar	er has any knowled	ge.	wiedge and belief,
Sign	Signature	Title		Date	1	Telephone
Here	Signature of officer	PRESI	DEN'I'			PTIN
				Check if		
	Preparer's ► TODD F PLADSEN		08/04/14	self-employed		P00361031
Paid Bronneria	Firm's name (or yours, METIMITCCEN FI.VCADE KADDI	י דע כ		7		
Preparer's	if self-			A	f	41-1670081 ● Telephone
Use Only	and address EDEN PRAIRIE, MN 55344	TTE T	00			(952)541-1996
	May the FTB discuss this return with the preparer shown above? See	inotructions		•		
	I way the FTD discuss this return with the preparer shown above? See	5 INSU UCUONS			Yes	No No



## TEE IT UP FOR THE TROOPS, INC.

328951 11-14-13

Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of
	amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all	business activities. See instruc	tions		•	1		00
	2	Interest				•	2		354. ₀₀
	3	Dividends				•	3		35. ₀₀
Receipts	3 4	Gross rents				•	4		00
from	5	J				•	5		00
Other	6	Gross amount received from sa	le of assets (See Instructions)			•	6		00
Sources	7	Other income				•	7		00
	8	Total gross sales or receipts fro	m other sources. Add line 1 th	rough line 7. Ente	er here and o	on Side 1, Part I, line 1	8		<b>389.</b> 00
	9	Contributions, gifts, grants, and	similar amounts paid			•	9		869,837. ₀₀
	10	Disbursements to or for membe	ers			•	10		00
	11	Compensation of officers, direct	tors, and trustees	SE	E STA	TEMENT 3 •	11		12,500. ₀₀
	12	Other salaries and wages				•	12		132,879. ₀₀
Expense		Interest					13		00
and	14	_					14		11,448.00
Disburse	e- 15						15		34,511.00
ments	16	Depreciation and depletion (See	instructions)			•	16		4,216.00
	17		ents	SE	E STA	TEMENT $4 \bullet$	17		740,843.00
	18	Total expenses and disburseme	ents. Add line 9 through line 17	. Enter here and	on Side 1, Pa	art I, line 9	18		806,234.00
Scheo	dule L	Balance Sheets	Beginning of	taxable year		End	of tax	able ye	ear
Assets			(a)	(b)		(C)			(d)
1 Casl	h			342	,567.			•	563,206.
2 Net	account	s receivable		71	,667.			•	14,953.
		ceivable						•	
								•	
		state government obligations						•	
6 Inve	stments	in other bonds						•	
		in stock						•	
		ans						•	
		ments						•	
<b>10 a</b> D	epreciat	ole assets	18,968.			25,48	6.		
b Lo	ess accı	Imulated depreciation	( 658.)	18	,310.	( 4,874	• )		20,612.
11 Lan	d							•	
<b>12</b> Othe	er assets	STMT 5			,400.			•	
				470	,944.				598,771.
Liabilitie	es and n	et worth							
14 Acc	ounts pa	ayable		175	,002.			•	392,932.
		ns, gifts, or grants payable						•	
<b>16</b> Bon	ds and r	notes payable						•	
<b>17</b> Mor	tgages p	bayable						•	
18 Othe	er liabilit	ies STMT 6							19,629.
<b>19</b> Cap	ital stocl	k or principle fund						•	
20 Paid	-in or cap	ital surplus. Attach reconciliation						•	
21 Reta	lined ear	rnings or income fund		295	,942.			•	186,210.
<b>22</b> Tota	ıl liabiliti	es and net worth			,944.				598,771.
Scheo	dule N		per books with income per re						
		Do not complete this sche	dule if the amount on Schedul		nn (d), is les	s than \$50,000.			
1 Net	income	per books	• -109,7	32. 7 Incol	ne recorded	on books this year			
<b>2</b> Fede	eral inco	me tax	•	not ii	ncluded in th	is return.		•	
<b>3</b> Exce	ess of ca	apital losses over capital gains	•	8 Dedu	ctions in thi	s return not charged			

3652134

FORM 199 CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STA	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
GREYSTONE CONSTRUCTION	500 S MARSCHALL ROAD SHAKOPEE, MN 55379	07/06/13	13,500.
MIRASOL	2801 CENTRAL AVE NE #8 MINNEAPOLIS, MN 55418	12/30/13	24,500.
SCHADEGG MECHANICAL INC.	225 BRIDGEPORT DRIVE SOUTH ST PAUL, MN 55075	06/06/13	5,000.
STAMPINGS OF MINNESOTA	21980 HAMBURG AVENUE LAKEVILLE, MN 55044	06/06/13	5,000.
THANKS TROOPS	1410 FORD STREET COLORADO SPRINGS, CO 80915	10/04/13	6,500.
POLARIS DEFENSE	2100 HIGHWAY 55 MEDINA, MN 55340	09/12/13	15,000.
FEDERAL FOAM TECHNOLOGIES	600 WISCONSIN DRIVE NEW RICHMOND, WI 54017	07/11/13	5,000.
ROBINS, KAPLAN, MILLER & CIRESI L.L.P.	800 LASALLE AVE #2800 MINNEAPOLIS, MN 55402	08/01/13	10,000.
WOODBURY FINANCIAL SERVICES INC.	7753 3RD STREET NORTH OAKDALE, MN 55128	07/09/13	15,000.
CMAA GREATER SOUTHWEST CHAPTER	9333 N 119TH WAT SCOTTSDALE, AZ 85259	12/27/13	23,000.
STATE GOVERNMENT AFFAIRS COUNCIL	515 KING STREET, STE 325 ALEXANDRIA, VA 22314	12/30/13	15,000.
BERKSON WALISEVER CHARITABLE FOUNDATION INC	185 HEATHCOTE RD SCARSDALE, NY 10583	12/30/13	5,000.
DISABLED SPORTS USA	451 HUNGERFORD DRIVE, STE 100 ROCKVILLE, MD 20850	11/01/13	10,500.
ALL AMERICAN RESTORATION, LLC	4105 85TH AVE NORTH, STE 202 MINNEAPOLIS, MN 55443	06/06/13	7,500.
АТ&Т	208 SOUTH AKARD STREET DALLAS, TX 75202	08/14/13	5,000.

TEE IT UP FOR THE TROOP	PS, INC.		20-2974507
FISHER HOUSE	111 ROCKVILLE PIKE ROCKVILLE, MD 20850	12/27/13	14,200.
FOX RIVER GRAPHICS	150 S WASHINGTON ST CARPENTERSVILLE, IL 60110	08/01/13	5,000.
GALAXY SALES, INC.	8694 EAGLE CREEK PKWY SAVAGE, MN 55378	11/12/13	14,050.
HOPE FOR THE WARRIORS	5101C BACKLICK RD ANNANDALE, VA 22003	12/17/13	8,000.
LAKESIDE OIL COMPANY, INC.	555 W BROWN DEER RD, STE 200 MILWAUKEE, WI 53224	08/12/13	7,500.
UNITED HEALTHCARE	9700 HEALTH CARE LANE MINNETONKA, MN 55343	08/14/13	5,000.
WINTRUST MORTGAGE	4350 BAKER RD, STE 100 MINNETONKA, MN 55343	12/30/13	6,000.
TOTAL INCLUDED ON LINE 3			225,250.

	CONTRIBUTIONS OF \$ NCLUDED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
FULL SWING INC.	10890 THORNMI	NT ROAD SAN DIEGO	D, CA 92127
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
GOLF SIMULATOR	06/07/13	50,000.	50,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
PING GOLF	P.O. BOX 8200	0 PHOENIX, AZ 850	071
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
GOLF CLUBS	06/07/13	6,000.	6,000.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
BRIDGESTONE GOLF, INC.	15320 INDUSTR GA 30014	IAL PARK BLVD, NI	E COVINGTON,
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	AMOUNT OF GIFT
GOLF BALLS	10/21/13	38,042.	38,042.
TOTAL INCLIDED ON LINE 3			94 042

TOTAL INCLUDED ON LINE 3

94,042.

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JAMES BALL 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 5.00	0.
JEFF ANDERSON 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 2.00	0.
DICK KOPPLIN 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
FRED LANGE 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
ALEX PLECHASH 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
HEIDI COLLINS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
THOMAS NELSON 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
CHUCK BENSON 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	CHAIRMAN/TREASURER 10.00	0.
RONALD J. SCHUTZ 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
TIM WEGSCHEID 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	PRESIDENT 40.00	0.
MICHAEL MOORE 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 3.00	0.

TEE IT UP FOR THE TROOPS, INC.		20-2974507
JOE BAER 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	SECRETARY 2.00	0.
NEILL TOLLEFSRUD 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.
FORM 199 OTHER	EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
CONTRACT LABOR TELEPHONE/INTERNET/CABL AUTO EXPENSE BANK SERVICE CHARGES DIRECT EXPENSES OF FUNDRAISING EVENTS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		$ \begin{array}{r} 18,191.\\ 6,218.\\ 1,352.\\ 450.\\ 651,509.\\ 7,050.\\ 2,100.\\ 9,424.\\ 10,234.\\ 6,590.\\ 9,516.\\ 11,574.\\ 6,290.\\ 345.\\ \end{array} $
FORM 199 OTHER	ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	38,400.	0.

TOTAL TO FORM 199, SCHEDULE L, LINE 12

0.

38,400.

TEE IT UP FOR THE TROOPS, INC.

20-2974507

FORM 199 OTHER LIABILITIES		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	19,629.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	19,629.

TAXABLE YEAR CO	rporat	tion Depr	reciatio	n and A	Amortiz	zation				CALIFORN	IA FORM <b>85</b>
Attach to Form 100 or Form	100W.			FORM	199			FE	IN	20-29	74507
Corporation name									i	rnia corporatio	
TEE IT UP FOR	R THE	TROOPS ,	INC.							202974	507
Part I Election To Expense											
1 Maximum deduction und	er IRC Sectio	n 179 for Californ	a						1		\$25,000
2 Total cost of IRC Section		•									
3 Threshold cost of IRC Se	ction 179 pro	perty before redu	ction in limitati	on					3		\$200,000
4 Reduction in limitation. S	ubtract line 3	from line 2. If zer	o or less, enter	· -0-					. 4		
5 Dollar limitation for taxab	le year. Subti	ract line 4 from line	e 1. If zero or l						5		
(a)	Description o	of property		(b) Cost (b	usiness use o	nly) <b>(</b>	<b>c)</b> Elected co	ost	_		
6											
		70 0				<u> </u>	1		_		
7 Listed property (elected I				- (-)    0							
8 Total elected cost of IRC											
9 Tentative deduction. Enter											
<ul><li>10 Carryover of disallowed of</li><li>11 Business income limitation</li></ul>				lago than zoro)							
<b>12</b> IRC Section 179 expense									12		
<b>13</b> Carryover of disallowed of							 I		. 12		
Part II Depreciation and El											
(a)	(b)		(c)	decion onder f			(f)			(g)	(b)
Description property	Date acqu	ired Co	stor	Depreciation		(e) Depreciation	Life or			eciation	<b>(h)</b> Additional
	(mm/dd/y	yyy) othe	r basis	allowable in e	earlier years	Method	rate		for th	is year	first year depreciation
14											
SEE STATEMENT			5,486.		658.						
15 Add the amounts in colu	nn (g) and co	olumn (h). The tota	al of column (h	i) may not exce	ed \$2,000.						
See instructions for line	l4, column (h	ı)						15		4,216.	
Part III Summary											
16 Total: If the corporation is IRC Section 179 expense Additional first year depre Depreciation (if no election	, add the ame eciation unde on is made), e	r R&TC Section 24 enter the amount f	1356, add the a rom line 15, co	amounts on line olumn (g)							<u>4,216.</u> 4,216.
<ul><li>17 Total depreciation claime</li><li>18 Depreciation adjustment.</li></ul>									17		4,210.
If line 17 is less than line	-										
amounts are used to dete						•	-		18		0.
Part IV Amortization					101111 10000,1		15 110003501	y•)	. 10		
<b>(a)</b> Description of prop	erty	<b>(b)</b> Date acquired (mm/dd/yyyy)	Cos	<b>c)</b> st or basis	Amortization	<b>d)</b> n allowed or earlier years	(e) R&TC section	Perio	<b>f)</b> od or entage	) Amorti for thi	ization
19							(see instruction	5)			
10											
20 Total. Add the amounts in	(0)								20		
21 Total amortization claime									21		
22 Amortization adjustment. Side 1, line 6. If line 21 is	-								22		

A 3885 DEPRECIATION			STATEM	IENT 7			
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 3 IPADS							
•	06/30/12	2,910.	291.	$\mathtt{SL}$	5.00	582.	
2 LAPTOP	12/28/12	2,896.		SL	5.00	579.	
3 IMPROVEME		2,090.		ы	5.00	575.	
•	12/20/12	2,150.		SL	15.00	143.	
4 ALUMA ENC	LOSURE						
	11/15/12	11,012.	367.	$\mathtt{SL}$	5.00	2,202.	
5 COMPUTER :							
	10/22/13	579.		$\mathtt{SL}$	5.00	19.	
6 KITCHEN CA	ABINETS & COU						
	09/17/13	2,000.		$\mathtt{SL}$	5.00	100.	
7 CABINETS							
	03/31/13	3,939.		SL	5.00	591.	
TOTAL DEPR TO FO	- DRM 3885	25,486.	658.		-	4,216.	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>ct</b> 01932	275	Check if:				
		Cha	nge of address			
TEE IT UP FOR THE TROOP	PS, INC.	Ame	ended report			
515 WEST TRAVELERS TRAD	[L	Corporate	or Organization No.	20297450		
BURNSVILLE, MN 55337       Federal Employer I.D. No.       20-2974507         City or Town, State and ZIP Code       City or Town, State and ZIP Code       20-2974507						
	RENEWAL FEE SCHEDULE (11 Cal. eck Payable to Attorney General's R			07, 311 and 312)		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual F	Revenue	Fe	e
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millior			0,001 and \$10 million 00,001 and \$50 million 50 million	\$1 \$2 \$3	25
PART A - ACTIVITIES						
For your most recent full accounting Gross annual revenue $ 1$ ,	period (beginning_01/01/20 , 044 , 993 • Total assets \$_	13_ end	ing <u>12/31/</u> 598,771.	2013 ) list:		
PART B - STATEMENTS REGARDING ORG	ANIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: If you answer "yes" to any of the qu and details for each "yes" response				explanation		
1. During this reporting period, were there a	•			•	Yes	No
and any officer, director or trustee there any financial interest?	of either directly or with an entity in wi	hich any suc	ch officer, director	or trustee had		x
<ol> <li>During this reporting period, was there a or funds?</li> </ol>	ny theft, embezzlement, diversion or i	misuse of th	e organization's cl	naritable property		x
3. During this reporting period, did non-pro	gram expenditures exceed 50% of gr	oss revenue	es?			x
4. During this reporting period, were any or with the Internal Revenue Service, attack		nalty, fine or	judgment? If you	filed a Form 4720		x
<ol><li>During this reporting period, were the se If "yes," provide an attachment listing th</li></ol>				ble purposes used?		x
<ol> <li>During this reporting period, did the organized name of the agency, mailing address, compared to the agency.</li> </ol>	, .	•	, provide an attach	nment listing the		x
<ol> <li>During this reporting period, did the orgative the number of raffles and the date(s) the</li> </ol>		irposes? If "	yes," provide an a	ttachment indicating		x
<ol> <li>Does the organization conduct a vehicle operated by the charity or whether the or</li> </ol>			U U			x
9. Did your organization have prepared an principles for this reporting period?		ance with ge	enerally accepted	accounting		x
Organization's area code and telephone number	(952) 646-2490					
Organization's e-mail address						
l declare under penalty of perjury that I have exar correct and complete.	nined this report, including accompanyin	g documents	, and to the best of i	my knowledge and belief,	t is tru	e,
	4 WEGSCHEID	P	RESIDENT			
Signature of authorized officer Prin	ted Name	Tit	le	Date		

For Off PMT	Charitable Trust Bureau, 100 West Rando	inois	Form AG990-IL Revised 3/05
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	Report for the Fiscal Period:	X	Copy of IRS Return
		Make Checks L	Audited Financial Statements
		the Illinois X	Copy of Form IFC
INIT		Charity 🔼 Bureau Fund	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Fodor	al ID # $20 - 2974507$ MO DAY YR		MO DAY YR
		ganization was created	
		Year-end	
	NAME TEE IT UP FOR THE TROOPS, INC.	amounts	
	MAIL	A) ASSETS	A) \$ 598,771.
A	DRESS 515 WEST TRAVELERS TRAIL	B) LIABILITIES	B) \$ 412,561.
CITY	, STATE <b>BURNSVILLE, MN</b>	C) NET ASSETS	C) \$ 186,210.
ZI	P CODE 55337		
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.977%	D) \$ 1,696,113.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	0.023%	F) \$ 389.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,696,502.
П.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	36.711%	H) \$ 663,083.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	36.711%	J) \$ 663,083.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	48.157%	К)\$ 869,837.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	84.868%	L) \$ 1,532,920.
		15 120.	072 214
	M) MANAGEMENT AND GENERAL EXPENSE	15.132%	M)\$ 273,314.
		0/	
	N) FUNDRAISING EXPENSE	%	N) \$
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,806,234.
	0) TOTAL EXPENDITORES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 1,000,234.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
		/0	···
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
	T) NAME, TITLE: JODI BAER - OFFICE ADMINISTRATOR		T) \$
	U) NAME, TITLE NANCY CHRISTOPHERSON - EVENT COORDINATOR	ર	U) \$
	V) NAME, TITLE:		V) \$
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on back side of instructions
	CODE CATEGORIES		CODE
398091 05-01-13	W) DESCRIPTION: SUPPORT THE FALLEN AND DISABLED ARMED H	FORCES	W)# 300
191 0.	X) DESCRIPTION:		X) #
3980	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$       ; (ii) THE AMOUNT         ALLOCATED TO PROGRAM SERVICES \$       ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND         GENERAL \$       ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	WELLS FARGO - 100 W BURNSVILLE PARKWAY, BURNSVILLE, MN 55337			
	KLEINBANK - 14141 GLENDALE ROAD, SAVAGE, MN 55378			
	FRANDSEN BANK & TRUST - 1580 MADISON AVENUE, MANKATO, MN 56001	L		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TIM WEGSCHEID - (952)646-2490			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	TIM WEGSCHEID		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	CHUCK BENSON		
<ol> <li>REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</li> </ol>	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	TODD F PLADSEN		
398101 05-01-13	PREPARER (PRINT NAME)	SIGNATURE	DATE

## STATE OF MINNESOTA

## **CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

on:       TEE IT UP FOR THE TROOPS, INC.         is a new name since the organization's last filing?       Image: Im	(651) 757-1311       ((67) 296-1410 (TTY)         Www.ag.state.mn.us       FOR YEAR ENDING: 12/31/2013         SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING         1. Legal Name of Organization: TEE IT UP FOR THE TROOPS, INC.         If annual reporting, is this a new name since the organization's last filing?         If so, please state former name:         2. List all names under which the organization solicits contributions:	1
REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING         on:       TEE IT UP FOR THE TROOPS, INC.         a: a new name since the organization's last filing?	(651) 296-1410 (TTY)         www.ag.state.mnus         FOR YEAR ENDING:       12/31/2013         SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING         1.       Legal Name of Organization:         TEE IT UP FOR THE TROOPS, INC.         If annual reporting, is this a new name since the organization's last filing?         If so, please state former name:         2.         List all names under which the organization solicits contributions:	
on:       TEE IT UP FOR THE TROOPS, INC.         a new name since the organization's last filing? <ul> <li>Yes</li> <li>name:</li> <li></li></ul>	1.       Legal Name of Organization:       TEE IT UP FOR THE TROOPS, INC.         If annual reporting, is this a new name since the organization's last filing?	
a new name since the organization's last filing?       Yes       X         name:	If annual reporting, is this a new name since the organization's last filing?       Ves         If so, please state former name:	-
name:	If so, please state former name:  2. List all names under which the organization solicits contributions:  3. Mailing Address of Organization (required)  515 WEST TRAVELERS TRAIL  52. Contact Person TIM WEGSCHEID  53. Contact Person TIM WEGSCHEID  54. Contact Person TIM WEGSCHEID  55. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  55. Does the organization use the services of a professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.  56. Name  Address  57. Month and day accounting year ends:12/31	
ch the organization solicits contributions:  ization (required)  Physical Address of Organization (required)  VELERS TRAIL  S15 WEST TRAVELERS TRAIL  BURNSVILLE, MN 55337  WEGSCHEID  E-mail Fax No.  e the services of a professional fund-raiser (outside solicitor or consultant)?  Address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.  State ZIP Compensation al fund-raiser solicit or consult in Minnesota?  In grear ends: 12/31  uded the filing fee, late fee (if any) and all attachments required by the instructions?  \$\frac{1}{2} \frac{1}{2}	2. List all names under which the organization solicits contributions:	X
ization (required)       Physical Address of Organization (required)         VELERS TRAIL       515 WEST TRAVELERS TRAIL         MN 55337       BURNSVILLE, MN 55337         WEGSCHEID       E-mail         -646-2490       Fax No.         e the services of a professional fund-raiser (outside solicitor or consultant)?         address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.	A. Mailing Address of Organization (required) Physical Address of Organization (required) 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 6. Contact Person TIM WEGSCHEID Tel. No	
VELERS TRAIL       515 WEST TRAVELERS TRAIL         MN 55337       BURNSVILLE, MN 55337         WEGSCHEID       E-mail         -646-2490       Fax No.         e the services of a professional fund-raiser (outside solicitor or consultant)?         address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.         State       ZIP         Compensation	515       WEST TRAVELERS TRAIL       515       WEST TRAVELERS TRAIL         BURNSVILLE, MN 55337       BURNSVILLE, MN 55337         4.       Contact Person TIM WEGSCHEID       E-mail         Tel. No.       952-646-2490       Fax No.         5.       Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?         Yes       X       No         If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.         Name	
MN       55337       BURNSVILLE, MN       55337         WEGSCHEID       E-mail         -646-2490       Fax No.         e the services of a professional fund-raiser (outside solicitor or consultant)?         address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.	BURNSVILLE, MN 55337       BURNSVILLE, MN 55337         4.       Contact Person TIM WEGSCHEID 7el. No. 952-646-2490       E-mail Fax No.         5.       Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?       Yes         5.       Does the organization use the services of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.         Name	
WEGSCHEID       E-mail         -646-2490       Fax No.         e the services of a professional fund-raiser (outside solicitor or consultant)?         address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.	4. Contact Person <u>TIM WEGSCHEID</u> Tel. No. <u>952-646-2490</u> E-mail Fax No	
address of any outside professional fund-raiser employed by the organization and state the total amount of ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.	Yes X No If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one. Name	
ide fund-raiser received from the filing organization during the year. Attach schedule if more than one.   State ZIP Compensation al fund-raiser solicit or consult in Minnesota? Ind-raiser registered to solicit or consult in Minnesota? Yes ng year ends: 12/31 uded the filing fee, late fee (if any) and all attachments required by the instructions? X Yes \$25 \$50 N (e-Postcard) 990 EZ	compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.   Name   Address   City   State   City   Compensation   6. a) Does this professional fund-raiser solicit or consult in Minnesota?   b) Is this professional fund-raiser registered to solicit or consult in Minnesota?   7. Month and day accounting year ends:   12/31	
	Address	
al fund-raiser solicit or consult in Minnesota?   und-raiser registered to solicit or consult in Minnesota?   Yes   ng year ends:   12/31   uded the filing fee, late fee (if any) and all attachments required by the instructions?   X   Yes     \$25   \$50   N (e-Postcard)   990   EZ   PF   FES   SIG   BD   SAL	<ul> <li>a) Does this professional fund-raiser solicit or consult in Minnesota?</li> <li>b) Is this professional fund-raiser registered to solicit or consult in Minnesota?</li> <li>7. Month and day accounting year ends: <u>12/31</u></li> </ul>	
und-raiser registered to solicit or consult in Minnesota?     Image year ends:   12/31     uded the filing fee, late fee (if any) and all attachments required by the instructions?     X     Yes     \$25     \$50     N (e-Postcard)     990     EZ        FES	<ul> <li>b) Is this professional fund-raiser registered to solicit or consult in Minnesota? Yes</li> <li>7. Month and day accounting year ends: <u>12/31</u></li> </ul>	
ng year ends:12/31 uded the filing fee, late fee (if any) and all attachments required by the instructions? X Yes \$25 \$50 N (e-Postcard) 990 EZ PF FES SIG BD SAL A	7. Month and day accounting year ends: <u>12/31</u>	
uded the filing fee, late fee (if any) and all attachments required by the instructions?		
\$25\$50 N (e-Postcard)990 EZ PF FES SIG BD SAL A	8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?	
opor request this material can be made available in a	Office Use Only:       ARF       \$25       \$50       N (e-Postcard)       990       EZ       PF       FES       SIG       BD       SIG       BD       SIG       SIG       BD       SIG       SIG       BD       SIG       SIG       BD       SIG       SIG	
	⁰⁵⁻⁰¹⁻¹³ 2410804 758773 80010 2013.04010 TEE IT UP FOR THE TROOPS, I 800	)10

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME	
Contributions from the public	\$ 1,696,113.
Government Grants	\$ 0.
Other revenue	\$ -651,120.
TOTAL REVENUE	\$ 1,044,993.

EXCESS or DEFICIT	\$ -109,732.
TOTAL Assets	\$ 598,771.
TOTAL Liabilities	\$ 412,561.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)

\$ 186,210.

399802 05-01-13

3

2013.04010 TEE IT UP FOR THE TROOPS, I 80010__1

### SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1.	Has the organization's accounting year changed since the last report was filed'
	If yes, provide the new year-end date:

- 2. Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.

   X
   None
   Attached

   X
   None
   Attached
- 3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. Attach a list of organization's board of directors.

Attached Attached In IRS return

X Attached

XNO

Yes

5. Attach a GAAP audit if total revenue exceeds \$750,000.

Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?
Yes
No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

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7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

	does not contain a completed functional expenses statement within the IRS Form 990. Statement of Functional Expenses					
	(A) (B) (C) (D)					
		Total expenses	Program service	Management and	Fundraising	
		rotal expenses	expenses	general expenses	expenses	
1	Grants and other assistance to governments		expenses	general expenses	CAPCIISCS	
·	and organizations in the U.S.	869,837.	869,837.			
2	Grants and other assistance to individuals in the U.S.	,	,			
3	Grants and other assistance to governments,					
	organizations, and individuals outside the U.S.					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	12,500.		12,500.		
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	132,879.		132,879.		
8	Pension plan contributions (include section					
	401(k) and section 403(b) employer contributions)					
9	Other employee benefits	7,050.		7,050.		
10	Payroll taxes	11,448.		11,448.		
11	Fees for services (non-employees):					
	Management	2 100		2 1 0 0		
		2,100. 9,424.		2,100. 9,424.		
	Accounting	9,424.		9,424.		
	Lobbying					
	Professional fundraising services					
f	Investment management fees Other	10,234.		10,234.		
<u>g</u> 12	Advertising and promotion	6,590.		6,590.		
13	Office expenses	9,516.		9,516.		
14	Information technology			- /		
15	Royalties					
16	Occupancy	34,511.		34,511.		
17	Travel	11,574.	11,574.			
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	6,290.		6,290.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and					
	labeled miscellaneous may not exceed 5% of					
	total expenses shown on line 25 below.)	18,191.		10 101		
a	CONTRACT LABOR EVENT SUPPLIES	10,191.		18,191.		
b	TELEPHONE/INTERNET/CABL	6,218.		6,218.		
C A	C (T) (T) 1	2,147.		2,147.		
	All other expenses STMT I Total functional expenses. Add lines 1 through 24d	1,150,509.	881,411.	2,147.		
25 26	Joint costs. Check here	±,±30,309•		202,090.		
26	SOP 98-2. Complete this line only if the organi-					
	zation reported in column (B) joint costs from a					
	combined educational campaign and fundraising solicitation					
L	Must be prepared in accordance with generally accepted accounting principles.					

Must be prepared in accordance with generally accepted accounting principles. For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF The total of Column A, lines 1 through 24d should equal line 25a. The total of lines 25b, 25c and 25d, should equal line 25a

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#### SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

#### BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and	acknowledge that we are	duly constituted officers of	this organization, bein	ig the
PRESIDENT	(Title) and	CHAIRMAN/TREAS	JURER	_ (Title) respectively, and
that we execute this document on b	ehalf of the organization p	oursuant to the resolution of	the	
		(Board of Directors, Tr	ustees, or Managing (	Group) adopted on the
day of, 20	, approving the contents	of the document, and do he	reby certify that the	
		(Board of Directors, Tr	ustees, or Managing (	Group) has assumed, and will continue
to assume, responsibility for determi	ning matters of policy, an	d have supervised, and will	continue to supervise	, the finances of the organization. We
further state that the information sup	plied is true, correct and	complete to the best of our	knowledge.	
TIM WEGSCHEID		CHUCK	BENSON	
Name (Print)		Name	(Print)	
Signature		Signature		
PRESIDENT		CHAIRM	MAN/TREASUR	ER
Title		Title		
Date		Date		

#### * NOTICE *

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

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ANNUAL REPORT

OTHER EXPENSES

STATEMENT

DESCRIPTION	TOTAL EXPENSE	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT LABOR	18,191.	0.	18,191.	0.
EVENT SUPPLIES	0.	0.	0.	0.
TELEPHONE/INTERNET/CABLE	6,218.	0.	6,218.	0.
AUTO EXPENSE	1,352.	0.	1,352.	0.
BANK SERVICE CHARGES	450.	0.	450.	0.
LICENSES AND PERMITS	345.	0.	345.	0.
EQUIPMENT RENTAL	0.	0.	0.	0.
MEALS AND ENTERTAINMENT	0.	0.	0.	0.
POSTAGE	0.	0.	0.	0.
TOTALS INCLUDED ON LN 25	26,556.	0.	26,556.	0.