# EXTENDED TO NOVEMBER 15, 2019

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending

Open to Public

<b>B</b> c	heck if	C Name of organization		D Employer id	entifica	ation number						
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H	returr _Final _returr	515 WERT TOATTEDE TOATT	Room/suit	E Telephone n		646-2490						
	termii ated			G Gross receipts \$		2,211,521.						
	Amen	ded DIIDNICTITE MN 55227		H(a) Is this a gr								
	Appli	·		for subord								
	pendi	SAME AS C ABOVE		H(b) Are all subord		····· — —						
	24-64	empt status: X 501(c)(3) 501(c) ( )	or 52	<b>–</b> 1 ' '		st. (see instructions)						
		te: NWW.TEEITUPFORTHETROOPS.COM	01 02	H(c) Group exe		` ,						
		organization: X Corporation Trust Association Other	I Vea			State of legal domicile: MN						
	art I	Summary	L TCa	i or iormation. 20	O O I IVI	State of legal dofficite, 2224						
	1	Briefly describe the organization's mission or most significant activities: TO H	ELP S	UPPORT TH	E FA	LLEN AND						
Governance	<b>'</b>	DISABLED MEMBERS OF OUR ARMED FORCES, AND	D THE	IR FAMILI	ES.							
rna	2	Check this box  if the organization discontinued its operations or dispose				ets.						
ove.	3					10						
	4	Number of independent voting members of the governing body (Part VI, line 1b)				10						
S S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				8						
ij	6	Total number of volunteers (estimate if necessary)				974						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.						
⋖		Net unrelated business taxable income from Form 990-T, line 38				0.						
		,		Prior Year	<b>'</b>	Current Year						
d)	8	Contributions and grants (Part VIII, line 1h)		1,809,5	98.	1,605,520.						
ğ	9	Program service revenue (Part VIII, line 2g)			0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,8	42.	5,419.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,811,4	40.	1,610,939.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,398,7	48.	1,101,710.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		247,8	11.	271,355.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
ф		Total fundraising expenses (Part IX, column (D), line 25)  230,1	87.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		189,9	34.	271,669.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,836,4	93.	1,644,734.						
	19	Revenue less expenses. Subtract line 18 from line 12		-25,0	53.	-33,795.						
Net Assets or Fund Balances			В	Beginning of Current		End of Year						
sets	20	Total assets (Part X, line 16)		837,0		631,736.						
t As Id B	21	Total liabilities (Part X, line 26)		383,9		212,437.						
<u>SP</u>	22	Net assets or fund balances. Subtract line 21 from line 20		453,0	94.	419,299.						
	art II	Signature Block										
		lties of perjury, I declare that I have examined this return, including accompanying schedule			-	knowledge and belief, it is						
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge	).							
		Cianatura of officer		Doto								
Sig		Signature of officer		Date								
Her	е	TIM WEGSCHEID, PRESIDENT Type or print name and title										
_		,		Date ch	ack	TI PTIN						
Paid		Print/Type preparer's name   Preparer's signature   TODD PLADSEN, CPA   TODD PLADSEN, CI	D 2	11 /1 5 /1 0	eck	P00361031						
	arer	Firm's name MEUWISSEN, FLYGARE, KADRLIK & A			f-employed N >	**-***0081						
	Only	Firm's address 6400 FLYING CLOUD DR., SUITE 10		, PA Firm's E	1/1	0001						
030	Jilly	EDEN PRAIRIE, MN 55344	•	Dhone n	952	-541-1996						
Max	the !	RS discuss this return with the preparer shown above? (see instructions)		I none n	J. J J Z	X Ves No						

THE IT UP FOR THE TROOPS IS A NON PROFIT ORGANIZATION CREATED TO HELP SUPPORT THE MEN AND WOMEN OF THE US MILITARY AND THEIR FAMILIES, WITH AN EMPHASIS GIVEN TO THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES.  Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(c)(5) and 501(c)(4) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(5) and 501(c)(4) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(5) and 501(c)(4) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service conductions.  The IT UP FOR THE TROOPS, INC. IS A NON-PROPIT ORGANIZATION CREATED TO HELP SUPPORT THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES AND THEIR FAMILIES.   46 (Code	Pai	Statement of Program Service Accomplishments
TEE IT UP FOR THE TROOPS IS A NON PROFIT ORGANIZATION CREATED TO HELP SUPPORT THE MEN AND WOMEN OF THE US MILITARY AND THEIR FAMILIES, WITH AN EMPHASIS GIVEN TO THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 E/2?		Check if Schedule O contains a response or note to any line in this Part III
SUPPORT THE MEN AND WOMEN OF THE US MILITARY AND THEIR FAMILIES, WITH AN EMPHASIS GIVEN TO THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 300 of 300 E27  11 "Yes," describe these new services on Schedule 0.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  4 Describe these changes on Schedule 0.  4 Describe the organization is grown service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service accomplishments for each of its three largest program services, as measured by expenses.  4 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service expenses.  4 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program services, as measured by expenses.  4 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program services, as measured by expenses.  4 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses.  4 Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses.  4 Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses.  4 Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and al	1	
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PORCES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990 EZ?  If "Yes," describe these new services on Schedule 0.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services?  If yes, "describe these changes on Schedule 0.  4 Describe the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported.  4a (cose:		
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
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to the program services (Describe in Schedule O.)  (Code:) (Expenses \$ 1,307,339 · including grants of \$ 1,081,710 · ) (Revenue \$ 2,148,530 · )  TEE IT UP FOR THE TROOFS, INC. IS A NON-PROFIT ORGANIZATION CREATED TO HELP SUPPORT THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES AND THEIR FAMILIES.  4b (Code:) (Revenues \$ 20,000 · including grants of \$ 20,000 · ) (Revenue \$ 0 · )  ANYTIME FITNESS GRANT SUPPORTING FORMER MILITARY FAMILIES TO START THEIR OWN FRANCHISE AND SMALL BUSINESS.  4c (Code:) (Revenues \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
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4e Total program service expenses ► 1,327,339.	4d	
		1 200 220
	<u>4e</u>	Total program service expenses 1,321,339.

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	,		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
.0	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	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  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-22	
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) TEE IT UP FOR THE TROOPS, INC.

Part IV | Checklist of Required Schedules (continued)

rai	Officerist of Nequired Schedules (continued)		_	т —
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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 "Yes,"			
	complete Schedule L, Part II	26		X
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			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠,	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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			₩.
00	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	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
_ 41	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 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

# Form 990 (2018) TEE IT UP FOR THE TROOPS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<b>2</b> b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	` ,	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		X
9	Sponsoring organizations maintaining donor advised funds.		_		37
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				٦,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)

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, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	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 ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIM WEGSCHEID - (952)646-2490			
	515 W. TRAVELERS TRAIL, BURNSVILLE, MN 55337			

832006 12-31-18 Form **990** (2018)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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.

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS GROOM	5.00	,,		ν,				0	0	0
CHAIRMAN (2) JEFF ANDERSON	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0 .
(3) TERRY BRANHAM	1.00							0.	0.	- 0 0
DIRECTOR	1.00	x						0.	0.	0.
(4) JOE BAER	2.00							0.0		
SECRETARY		х		х				0.	0.	0 .
(5) LIZ DAPP	1.00							-		
DIRECTOR		Х						0.	0.	0 .
(6) RONALD J. SCHUTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JEFF MORGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TIM WEGSCHEID	40.00								_	
PRESIDENT/EXECUTIVE DIRECT		Х		Х				109,825.	0.	10,556
(9) JOE TESSMER	2.00								•	•
TREASURER	1 00	Х						0.	0.	0 .
(10) JOHN KLINE	1.00	,,							0	0
DIRECTOR		Х						0.	0.	0.
								l		- 000 (sad

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
	Name and title	Average hours per	(do not check more than or box, unless person is both				than		Reportable compensation	Reportable compensation			timate nount (	
		week					or/trus		from	from related			other	וכ
		(list any	ector						the	organization			pensa	
		hours for related	or dir	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	_
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(***2/1099-10113C)				anizati d relate	
		below	vidual	itution	er	Key employee	nest co	ner				orga	anizatio	ons
		line)	In di	lust	Officer	Key	Hig	윤						
	Sub-total								109,825.		0.	1	0,5	56. 0.
	Total (add lines the and to)								109,825.		0.	1	0,5	
2	Total (add lines 1b and 1c)  Total number of individuals (including but n								<u> </u>	.000 of reportab	-		0,5	<del>50.</del>
	compensation from the organization									, ,			<b>V</b> I	1
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e. ke	ev er	olan	ovee	. or	highest compensated e	mplovee on	ſ		Yes	No
	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		Х
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from					
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•		;	5		Х
Sec	tion B. Independent Contractors	ipiete Scriedur	<del>e</del>	01 30	исп	pers	SOII .					3_		
1	Complete this table for your five highest co	= -	-								npens	ation 1	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir 	n the organization's tax y (B)	/ear.		((	3)	
	Name and business	address	N	INC	E				Description of s	ervices	С		nsation	า
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li:	stec	d above) who received m	ore than				
	TOO,000 OF COMPENSATION HOME THE ORGANI	2ation										Form	990 (2	2019)

			Check if Schedule O con	tains a resp	onse	or note to any lin	e in this Part VIII		·····	
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1	a					
اع قا			Membership dues			450 044				
A,			Fundraising events	·····	_	470,041.				
를 를		d	Related organizations		_					
ns,			Government grants (contribut		•					
er ii		f	All other contributions, gifts, gran			105 450				
들취			similar amounts not included abo		•	135,479.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines			57,572.	1 605 500			
o e		h	Total. Add lines 1a-1f			1	1,605,520.			
	•	_				Business Code				
Š	2									
Ser		b c			—					
Z E		d								
Program Service Revenue		e			_					
P.			All other program service reve	enue	_					
			Total. Add lines 2a-2f							
	3	_	Investment income (including							
			other similar amounts)			<b>&gt;</b>	5,419.			5,419.
	4		Income from investment of ta							
	5		Royalties	. <u> </u>						
				(i) Rea	ıl	(ii) Personal				
	6	а	Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss) .			<b></b>				
	7	а	Gross amount from sales of	(i) Securi	ties	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
<u>e</u>			Net gain or (loss)	ig events (n		<b>&gt;</b>				
Other Revenu			including \$1,470,0							
Re			contributions reported on line			C00 F00				
ē		_	Part IV, line 18			600,582.				
₹			Less: direct expenses			600,582.	0.			
			Net income or (loss) from fund	ū		<b>_</b>	0.			
	9	а	Gross income from gaming a							
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from gan							
			Gross sales of inventory, less		. c.	·············				
		u	and allowances		a					
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
		_	Miscellaneous Revenu		· · · ·	Business Code				
	11	a				11.01.00				
		b								
		С								
		d	All other revenue							
			Total. Add lines 11a-11d			<b>&gt;</b>				
	12		Total revenue. See instructions			<b>&gt;</b>	1,610,93 <del>9.</del>	0.	0.	5,419.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,081,710.	1,081,710.		
2	Grants and other assistance to domestic	00 000	00 000		
	individuals. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 201	26 102	12 000	02 100
_	trustees, and key employees	120,381.	26,183.	12,098.	82,100
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	150 07/	43,244.	20 022	78,897
7	Other salaries and wages	150,974.	43,444.	28,833.	10,031
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	550.	550.		
b	Legal	11,559.	971.	10,588.	
C	Accounting	11,555.	7/10	10,500.	
d	B ( ' 1( 1 ' ' ' ' O B ' ' ' ' ' ' ' '				
e	Investment management fees				
f					
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,977.	3,892.	72.	2.013
13	Office expenses	10,562.	4,090.	1,118.	2,013 5,354
14	Information technology	24,168.	15,832.	287.	8,049
15	Royalties				0,010
16	Occupancy	35,538.	9,240.	5,331.	20,967
17	Travel	19,398.	12,763.	228.	6,407
18	Payments of travel or entertainment expenses				.,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,425.		1,425.	
23	Insurance	8,933.	5,255.	306.	3,372
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	Omitan avanator [	144,366.	101,944.	22,025.	20,397
b	MISCELLANEOUS	4,954.	563.	4,261.	130
С	TELEPHONE/INTERNET/CABL	4,239.	1,102.	636.	2,501
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,644,734.	1,327,339.	87,208.	230,187
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			437,937.	1	306,870.
	2	Savings and temporary cash investments			13,527.	2	13,868.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	151,312.	4	97,201.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
tz		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		<b>—</b>	166,053.	7	145,309.
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	63,904.	9	64,910.		
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	29,740.			
	b	Less: accumulated depreciation	10b	26,162.	4,301.	10c	3,578.
	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 equ		1	837,034.	16	631,736.
	17	Accounts payable and accrued expenses	314,910.	17	115,775.		
	18	Grants payable			18	55,247.	
	19	Deferred revenue			69,030.	19	41,415.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X of			
		Schedule D				25	
	26				383,940.	26	212,437.
		Organizations that follow SFAS 117 (ASC 958	3), check	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar	ıd 34.				
anc anc	27	Unrestricted net assets			203,094.	27	189,299.
Bala	28	Temporarily restricted net assets				28	
nd	29				250,000.	29	230,000.
Fu		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶└─			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			450.00:	32	160 000
2	33	Total net assets or fund balances			453,094.	33	419,299.
	34	Total liabilities and net assets/fund balances	837,034.	34	631,736.		

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)			4,7	34. 95.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		41	n n	0.0		
Do	column (B))	10	41	9,2	<u>99.</u>		
Га	rt XIII Financial Statements and Reporting				х		
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes	No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
b	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?						
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
<u> </u>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form	990	(2018)		

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TEE IT HE FOR THE TROOPS TNC

Employer identification number \*\*-\*\*4507

				THE INCOFS,				4307
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative					ii).	
4		A medical research organiz						the hospital's name.
•		city, and state:	anon operated in co	njanoson wana noopita				the hoopital o harrio,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3				liege of drilversity owner	a or opera	led by a g	overnmental unit descri	Jed III
_		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
6	H		· ·				` '	
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
		section 170(b)(1)(A)(vi). (Co						
8	Н	A community trust describe						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or
		university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor		,		·		
11		An organization organized a		ively to test for public sa	fetv. See	section 50	09(a)(4).	
12		An organization organized a						e purposes of one or
		more publicly supported or						
		lines 12a through 12d that						STOCK THE BOX III
а		Type I. A supporting orga						, aivina
а			· · · · · · · · · · · · · · · · · · ·		•			
		the supported organization			a majority	or the dire	ctors or trustees or the s	supporting
<b>L</b>		organization. You must o			والماليان والمالية		iti(-)   h   h	
b		Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа
		organization(s). You mus						
С		Type III functionally inte	-				• •	ed with,
		its supported organization						
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g		ride the following information		<u> </u>				
	(	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
F . 4 .								

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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.						
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					▶□
	ction C. Computation of Publ						
	Public support percentage for 2018 (					14	%
	Public support percentage from 2017					15	<u>%</u>
16a	33 1/3% support test - 2018. If the o	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2018

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ciow, picade comp	note i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	132,823.	105,329.	125,432.	88,903.	76,041.	528,528.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	898,637.				2070623.	5121466.
2	• • • • • • • • • • • • • • • • • • • •	030,037.	700,540.	300,341.	003,323.	2070025.	3121100.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	1031460.	805,669.	693,773.	972,428.	2146664.	5649994.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5649994.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1031460.	805,669.	(c) 2016 693,773.	972,428.	2146664.	5649994.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1031460.	805,669.	693,773.	972,428.	2146664.	5649994.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))			100.00 %
	Public support percentage from 2017					16	100.00 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20					17	.00 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17					%	
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the						<b>►</b> X
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization						<b>▶</b> □

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01		
9b		
9с		
10a		
10b		

Part IV Supporting Organizations (continued)  11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  11a  11b	Yes	No
<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</li> </ul>		
<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</li> </ul>	Yes	
below, the governing body of a supported organization?	Yes	
, o o o o o o o o o o o o o o o o o o o	Yes	
, , , , , , , , , , , , , , , , , , , ,	Yes	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	Yes	
Section B. Type I Supporting Organizations	Yes	
, , , , , , , , , , , , , , , , , , ,		No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to		
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		
controlled the organization's activities. If the organization had more than one supported organization,		
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
supervised, or controlled the supporting organization.		
Section C. Type II Supporting Organizations		
	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).		
Section D. All Type III Supporting Organizations		
	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
organization's governing documents in effect on the date of notification, to the extent not previously provided?		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a		
significant voice in the organization's investment policies and in directing the use of the organization's		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
supported organizations played in this regard.		
Section E. Type III Functionally Integrated Supporting Organizations		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	\	
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	Ĺ –	Na
2 Activities Test. Answer (a) and (b) below.  2 Did substantially all of the examination's activities during the tay year directly further the example purposes of	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
these supported organization(s) to which the organization was responsive? If Fes, then in Fart Vi identity  those supported organizations and explain how these activities directly furthered their exempt purposes,		
how the organization was responsive to those supported organizations, and how the organization determined		
that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
reasons for the organization's position that its supported organization(s) would have engaged in these		
activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> 3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.  3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

# Schedule 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.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

TEE IT UP FOR THE TROOPS, INC. \*\*-\*\*\*4507

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 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				
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Redacted Redacted SHAKOPEE, MN 55379	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Redacted  Redacted  ARDMORE, OK 73401	\$	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	Redacted Redacted MINNEAPOLIS, MN 55402	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Redacted Redacted ALEXANDRIA, VA 22314	\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Redacted Redacted ROCKVILLE, MD 20850	\$	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	Redacted  Redacted  SAVAGE, MN 55378	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Redacted  Redacted  AUGUSTA, GA 30906	\$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	Redacted  Redacted  WOODBURY, MN 55125	\$5,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Redacted  Redacted  CIRCLE PINES, MN 55014	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Redacted Redacted  MERRIFIELD, VA 22116	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Redacted  Redacted  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
12	Redacted  Redacted  CHANHASSEN, MN 55317	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Redacted  Redacted  BONSALL, CA 92003	\$10,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Redacted  Redacted  BURNSVILLE, MN 55337	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Redacted  Redacted  SAINT PAUL, MN 55113	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Redacted  Redacted  DULLES, VA 20166	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Redacted  Redacted  AUSTIN, TX 78701	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Redacted  Redacted  SPRINGFIELD, MO 65802	\$6,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Redacted  Redacted  EXCELSIOR, MN 55331	\$ 20,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Redacted  Redacted  KISSIMMEE, FL 34759	\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Redacted  Redacted  STUART, FL 34994	\$8,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Redacted  Redacted  COVINGTON, KY 41015	\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	Redacted Redacted MINNEAPOLIS, MN 55435	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Redacted  Redacted  HILITON HEAD TOLAND CC 20029	\$5,000.	Person X Payroll Noncash (Complete Part II for
	HILTON HEAD ISLAND, SC 29928		noncash contributions.)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Redacted  Redacted  BLOOMINGTON, MN 55420	\$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
26	Redacted  Redacted  STURGEON BAY, WI 54235	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Redacted  Redacted  ORLANDO, FL 32821	\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Redacted Redacted NEW PARIS, IN 46553	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	Redacted Redacted MINNEAPOLIS, MN 55418	\$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
30	Redacted Redacted ROANOKE, TX 76262	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### TEE IT UP FOR THE TROOPS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Redacted Redacted RIVER FALLS, WI 54022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Redacted Redacted BURNSVILLE, MN 55306	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	Redacted Redacted RENO, NV 89511	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Redacted Redacted ROCKVILLE, MD 20850	\$\$ <u>5,500.</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
35	Redacted  Redacted  SPRINGFIELD, VA 22151	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	Redacted •  Redacted •	\$\$ <u>13,658.</u>	Person Payroll Noncash X (Complete Part II for
823452 11-0	ORLANDO, FL 32819	_	noncash contributions.)

#### 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			
37	Redacted  Redacted  SPRING, TX 77389	\$16,500.	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			
38	Redacted  Redacted  EAGAN, MN 55121	\$10,512.	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			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll 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			
	Name, address, and ZIP + 4	S	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

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			
	GOLF BALLS					
36						
		\$13,658 <b>.</b>	05/01/18			
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I	GOLF BAGS	, ,				
37						
		\$16,500 <b>.</b>	06/01/18			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PRINTING					
38						
		\$10,512.	06/01/18			
(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			
		\$	90 990-FZ or 990-PE) (			

Employer identification number

Name of organization

	P FOR THE TROOPS, IN clusively religious, charitable, etc., contribu		section 501(c)(7), (8), or (10) th	**-***4507 at total more than \$1,000 f
fror	m any one contributor. Complete columns (a	through (e) and the following line en	ntry For organizations	
com	pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. once.)	Ψ
	· · · · · · · · · · · · · · · · · · ·			
	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		-		
		-	_	
		(e) Transfer of git	ft	
		,,		
	Transferee's name, address, a	ind ZIP + 4	Relationship of trans	sferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	(a) i dipose oi giit	(0) 030 01 911	(4) 263011	Page of How gift is field
		-	_	
		-		
		(e) Transfer of git	ft	
		1 TID 4	B 1 11 11 61	
	Transferee's name, address, a	ING ZIP + 4	Relationship of trans	steror to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of git	<u> </u>	
		(e) Transier of gir		
	Transferee's name, address, a	ind ZIP + 4	Relationship of trans	sferor to transferee
	(h) Down a seef with	(-) 11 (-)(1	(a) D	
	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		,		
		-		
		-		
		(e) Transfer of git	ft	
	Transferee's name, address, a	ind ZIP + 4	Relationship of trans	sferor to transferee
1		l		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEE IT UP FOR THE TROOPS, INC.

**Employer identification number** \*\*-\*\*\*4507

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da			
Pai		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
р	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	assessment in Instantant	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer riodis devoted to monitoring, inspecting,	Than dilling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	S	aming of violations, and officining conserve	ation dustrients during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	)(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

832051 10-29-18

Schedule D (Form 990) 2018

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

	t III Organizations Maintaining Co	ollections of A				or Other	Similar As		Page Z
3	Using the organization's acquisition, accession								
3		in, and other record	15, CHEC	K ally Of the	Tollowing the	it ale a sigi	illicarit use or	its collection	II ILEIIIS
_	(check all that apply):  Public exhibition	نه.		Loop or ove	hanaa nraar				
a		c -			hange progra	ams			
b	Scholarly research	е	• 🗀	Other					
C	Preservation for future generations					,		D 1.V/III	
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit or								<b>п</b>
Da	to be sold to raise funds rather than to be ma							Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on F	orm 990, Part	IV, line 9, or	•
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia							<b>—</b>	<b>—</b>
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:					
								Amount	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on Fo					-		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	T V Endowment Funds. Complete if								
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d	) Three years ba	ack <b>(e)</b> Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ınd administe	ered for the	organization		
	by:								Yes No
	(i) unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Bool	k value
		basis (investr	ment)	basis	(other)	depre	eciation		
1a	Land								
b	Buildings								
С	Leasehold improvements				8,089.		6,799.		1,290.
d	Equipment			2	1,651.	1	L9,363.		2,288.
	0.1								

Schedule D (Form 990) 2018

3,578.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 TEE IT UP 1	FOR THE	TROOPS,	INC.	**-** <b>4507</b> Page
Part VII Investments - Other Securities.				J
Complete if the organization answered "Yes	" on Form 990	), Part IV, line 1	1b. See Form 990, Pa	art X, line 12.
(a) Description of security or category (including name of security)		ok value		uation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held 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.)				
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes	" on Form 990	D, Part IV, line 1	1c. See Form 990, Pa	art X, line 13.
(a) Description of investment		ok value	(c) Method of valu	uation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		·		
Complete if the organization answered "Yes	" on Form 990	), Part IV, line 1	1d. See Form 990, Pa	art X, line 15.
(a	) Description			(b) Book value
(1)				
(2)				

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (h) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 TEE IT UP FOR THE TROOPS,			***4507 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue per	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	1,610,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		. 3	1,610,939
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 4a and 4b		4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			1,610,939
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses pe	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.		
1	Total expenses and losses per audited financial statements		1	1,644,734
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	•	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			1,644,734
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	•	4c	0
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 18.)			1,644,734
	rt XIII Supplemental Information.		.   0	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	lart IV lines 1h and 2h: Part V lin	o 1: Part	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		64, Fait	A, IIIIe Z, Fait Ai,
II I <del>C</del> S	20 and 40, and Fart All, lines 20 and 40. Also complete this part to provide any a	additional information.		
DΔI	RT X, LINE 2:			
	II A, DING 2.			
ואיז	E ORGANIZATION IS EXEMPT FROM FEDERAL INC	OME TAXES UNDER	SECT	TON
		JOHN THILD ONDER	БДСТ	1011
5 O ·	L(C)(3) OF THE INTERNAL REVENUE CODE, EXC	TEPT ON NET INCOM	E DE	RIVED FROM
<del>.</del>	r(c)(3) or the internal neveron code, and	THE THEOLOGICAL THE COLUMN TO THE COLUMN THE		KIVED IKOH
INI	RELATED BUSINESS ACTIVITIES. THE ORGANIZA	TON IS CLASSIFT	ED A	S A PUBLIC
0111	COLUMN DODING PORTION TO THE CHOING PROPERTY OF THE CHOING PROPERTY	TITON ID CEMBERT	110 11	D 11 TODDIC
СН	ARITY. THE ORGANIZATION IS ALSO EXEMPT FR	OM STATE INCOME	TAX.	
<u> </u>	MITTI THE ONORMIZETION IS TENDO DECERT IT	ton billin income	11111	

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

Employer identification number

TEE IT	UP FOR THE TROOPS,	IN	C.		**-***4	507	
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-Ez	I filers are not	
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments</li> </ul>	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitate are solicitated and solicitated are solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitate	tion of tion of fundra (includerofessi	non-govern govern ising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes		
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No				
Total			<b>•</b>				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration	

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

\*\*-\*\*\*4507 Page 2 Schedule G (Form 990 or 990-EZ) 2018 TEE IT UP FOR THE TROOPS, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ALTA VISTA SEACLIFF (add col. (a) through GOLF TOURNAMGOLF TOURNAM 60 col. (c)) (event type) (event type) (total number) 2,070,623. 366,524 141,240. 1,562,859. 1 Gross receipts 272,175 90,000. 1,107,866. 1,470,041. 2 Less: Contributions 94,349. 51,240. 454,993. 600,582. Gross income (line 1 minus line 2) 4 Cash prizes 48,543. 17,897. 1,350. 29,296. 5 Noncash prizes Direct Expense 36,863. 0. 166,535. 203,398. 6 Rent/facility costs 22,217. 76,457. 112,740. 14,066. **7** Food and beverages 13,298. 3,250. 1,000. 9,048 8 Entertainment 173,657. 14,122. 34,824. 222,603. Other direct expenses 600,582. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2018

**b** If "Yes," explain:

832082 10-03-18

Sch	nedule G (Form 990 or 990-EZ) 2018 TEE IT UP FOR THE TROOPS, INC. **-*	***45	07 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 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?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility	13b	
	no noutside facility	130	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name N		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	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		
	Independent contractor		
17	Mandatory distributions:		
	•		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		- DN-
	retain the state gaming license?	L Ye	s No
k	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-F7)	TEE	IT	UP	FOR	THE	TROOPS,	INC.	<u>**-***4507</u>	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(conti	inued	)		•			· age ·
I dit iv	Cappiemental imol	mation	(COITE	nueu)	<u>'</u>					
•										
-										
-										

#### **SCHEDULE I** (Form 990)

#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number \*\*-\*\*4507 TEE IT UP FOR THE TROOPS, INC.

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than S	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMAZING SURF ADVENTURES							
P.O. BOX 1581							
SAN LUIS OBISPO, CA 93406	**-***1313	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
FISHER HOUSE 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE, MD 20850	**-***8401	501(C)(3)	71,000.	30,000.	FMV	GOLF CARTS	PROGRAM ASSISTANCE
HOPE FOR THE WARRIORS 1335 WESTERN BLVD JACKSONVILLE, NC 28546	**-***2295	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
FRIENDS OF FREEDOM, INC. 2010 W PARKSIDE LANE, STE 110 PHOENIX, AZ 85027	**-***7 <b>4</b> 09	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
BUNKERS IN BAGHDAD 665 MAIN STREET SUITE 400 BUFFALO, NY 14203-1425	**-***3317	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SAN DIEGO, CA 92102	**-***7633		59,675.		FMV		PROGRAM ASSISTANCE
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organizations	s listed in the line	1 table					<b>&gt;</b>

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

Schedule I (Form 990) (2018)

		TROOPS, INC					"=""4507 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF CENTRAL							
ILLINOIS (GEN DOWNING SHELTER FOR							
HOMELESS) - 2319 E WAR MEMORIAL DR							
- PEORIA, IL 61614	**-***3521	501(C)(3)	9,500.	0.	FMV		PROGRAM ASSISTANCE
COMBAT VETERANS TO CAREERS 1000 MAIN ST SUITE 248 THE VILLAGES, FL 32159	**-***7087	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
·			·				
CREATIVETS 1040 LAKE SHORE DRIVE 9A CHICAGO, IL 60611	**-***7663	501(C)(3)	20,000.	0	FMV		PROGRAM ASSISTANCE
CHICAGO, II 000II	- 7003	501(0)(3)	20,000.	0.	FMV		FROGRAM ASSISTANCE
FURNISHING HOPE							
2109 S WRIGHT ST, UNIT F							
SANTA ANA, CA 92705	**-***9361	501(C)(3)	9,000.	0.	FMV		PROGRAM ASSISTANCE
FISHER HOUSE SOUTHERN CALIFORNIA 400 W OCEAN BLVD UNIT 2403 LONG BEACH, CA 90802-8170	**-***5286	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
,			,				
MACV (MINNESOTA ASSISTANCE COUNCIL FOR VETERANS) - 360 ROBERT STREET N, SUITE 306 - ST PAUL, MN 55101	**-*** <b>4</b> 717	501(C)(3)	25,500.	0.	FMV		PROGRAM ASSISTANCE
HONOR FLIGHT TWIN CITIES 2674 MACKUBIN ST							
ROSEVILLE, MN 55113	**-***1584	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
ARMED FORCES SERVICE CENTER 4300 GLUMACK DR LT 3693 ST PAUL, MN 55111	**-***6145	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
BLUE STAR FAMILIES 2251 SAN DIEGO AVENUE-B204 SAN DIEGO, CA 92110	**_***9895	501(C)(3)	15,000.	0	FMV		PROGRAM ASSISTANCE
		<u> </u>	1 23,000.	<u> </u>	Γ	1	

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT SANCTUARY							
PO BOX 1563							
GRANBY, CO 80446	**-***0596	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
ILLINOIS VALLEY FULLER CENTER							
1716 N UNIVERSITY							
PEORIA, IL 61604	**-***5581	501(C)(3)	9,500.	0.	FMV		PROGRAM ASSISTANCE
MINNESOTA MILITARY FAMILY							
FOUNDATION - 620 MENDELSSOHN AVE N							
101 - GOLDEN VALLEY, MN 55427	**-***5585	501(C)(3)	12,000.	0.	FMV		PROGRAM ASSISTANCE
·							
SALUTE MILITARY GOLF ASSOCIATION							
INC 14600 ARGYLE CLUB RD -							
SILVER SPRING, MD 20906	**-***6873	501(C)(3)	25,000.	0.	FMV		PROGRAM ASSISTANCE
ov. govings sommission							
ON COURSE FOUNDATION							
6649 WESTWOOD BLVD 500	**-***0269	501(C)(3)	15 000	0	FMV		PROGRAM ASSISTANCE
ORLANDO, FL 32821		501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
WARRIOR BUILT FOUNDATION INC.							
31881 CORYDON STREET, SUITE 140							
LAKE ELSINORE, CA 92530	**-***5678	501(C)(3)	6,500.	0.	FMV		PROGRAM ASSISTANCE
·			·				
ORG FOR FAMILIES OF ACTIVE							
MILITARY - 5425 VIA FONTE - YORBA							
LINDA, CA 92886	**-***8014	501(C)(3)	14,200.	0.	FMV		PROGRAM ASSISTANCE
PURPLE HEART HOMES							
1551 SALISBURY RD	++ +++====	E01/G)/3		_			
STATESVILLE, NC 28687	**-***6121	DU1(C)(3)	7,000.	0.	FMV		PROGRAM ASSISTANCE
DISASBLED SPORTS USA/WARFIGHTER							
SPORTS - 451 HUNGERFORD DR SUITE							
608 - ROCKVILLE, MD 20850	**-***4016	501(C)(3)	100,000.	0	FMV		PROGRAM ASSISTANCE

Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990), Pa	ırt II.)	±307 P
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARRIOR CANINE CONNECTION 4934 SCHAEFFER RD	**-***1579	501(C)(3)	35,000.	0	FMV		PROGRAM ASSISTANCE
BOYDS, MD 20841		501(C)(3)	35,000.	0.	FMV		PROGRAM ASSISTANCE
THE WARRIORS JOURNEY 3003 CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	**-***2633	501(C)(3)	18,450.	0.	FMV		PROGRAM ASSISTANCE
CAL STATE FULLERTON PHILANTHROPIC 2600 NUTWOOD AVE, SUITE 850 FULLERTON, CA 92831	**-***7945	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
MARINE CORPS ASSOCIATION AND FOUNDATION - 715 BROADWAY STREET - QUANTICO, VA 22134	**-***0923	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
VA WESTERN NEW YORK HEALTHCARE 3495 BAILEY AVENUE BUFFALO, NY 14215	**-***2229	501(C)(3)	11,508.	0.	FMV		PROGRAM ASSISTANCE
VETERANS HERITAGE PROJECT PO BOX 1297 CAREFREE, AZ 85337	**-***2636		5,000.	0	FMV		PROGRAM ASSISTANCE
VFW - HIGH SIERRA POST PO BOX 1776			3,000.				roomin nooronae
POROLA, CA 96122	**-***4211	501(C)(3)	8,300.	0.	FMV		PROGRAM ASSISTANCE
NESTERN NY SECTION PGA FOUNDATION 5161 GENESEE LANCASTER, NY 14086	**-***1964	501(C)(3)	11,508.	0.	FMV		PROGRAM ASSISTANCE
WOUNDED VETERANS RELIEF FOUNDATION 1335 OLD DIXIE HWY, STE 3							
LAKE PARK, FL 33403	**-***6846	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE

Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990), Pa	ırt II.)	4507 Pa
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMED SERVICES YMCA CAMP PENDELTON PO BOX 555028 CAMP PENDELTON, CA 92055	**-***4346	501(C)(3)	14,675.	0	FMV		PROGRAM ASSISTANCE
ADOPT A SOLDIER DOOR COUNTY, INC							
STURGEON BAY, WI 54235	**-***9419	501(C)(3)	20,000.	0.	FMV		PROGRAM ASSISTANCE
BELIEVET CANINE SERVICE PARTNERS 3885 100TH ST E NORTHFIELD, MN 55057	**_**9 <b>4</b> 59	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
BOB HOPE USO 203 WORLD WAY SUITE 200 LOS ANGELES, CA 90045	**-***2811	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
EAGLES HEALING NEST 310 US HWY 71 N	**-***7435		11 625		FMV		DDOGDAM AGGIGHANGE
SAUK CENTRE, MN 56378		501(C)(3)	11,635.	0.	FMV		PROGRAM ASSISTANCE
GOLD STAR TEEN ADVENTURES 2504 RAEFORD RD #200 FAYETTEVILLE, NC 28305	**-***8030	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
HIGHER GROUND NEW YORK 1083 PIT ROAD							
JAVA CENTER, NY 14082	**-***2146	501(C)(3)	11,508.	0.	FMV		PROGRAM ASSISTANCE
IRONWOOD SPRINGS CAMP 7291 COUNTY ROAD 6 SW STEWARTVILLE, MN 55976	**-***1157	501(C)(3)	5,000.	n	FMV		PROGRAM ASSISTANCE
MARSOC FOUNDATION P.O. BOX 17454	2237		2,536.				
FOUNTAIN HILLS, AZ 85268	**-***3544	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE

chedule I (Form 990) IEE II OP	LOV 1UF	TROOPS, INC	<i>-</i> •				"-""4307 F
art II Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	art II.)	
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION HOMETOWN GRATITUDE	** ***	501/02/22	5 000				DOGDAM AGGIGGIANGE
ROCHESTER, MN 55905	**-***2803	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
REBUILDING AMERICA'S WARRIORS 72185 MAGNESIA FALLS RANCHO MIR, CA 92270	**-***2945	501(C)(3)	10,000.	0.	FMV		PROGRAM ASSISTANCE
ST. CROIX COUNTY COUNCIL OF THE AMERICAN LEGION - P.O. BOX 347 - HUDSON, WI 54017	**-***3982	501(C)(3)	7,500.	0	FMV		PROGRAM ASSISTANCE
	3,02		7,550.	•	F		THE STATE OF THE S
SEAL LEGACY FOUNDATION 2525 WALLINGWOOD, BUILDING 1 SUITE AUSTIN, TX 78746	**-***7712	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE
SOUTHSIDE OFFICE OF CONCERN VETERANS HOME - 202 NE MADISON AVE	** ***						
- PEORIA, IL 61602	**-***3520	501(C)(3)	5,700.	0.	FMV		PROGRAM ASSISTANCE
VETERANS OUTREACH CENTER 459 SOUTH AVENUE ROCHESTER, NY 14620	**-***7379	501(C)(3)	9,131.	0.	FMV		PROGRAM ASSISTANCE
VETERANS OF FOREIGN WAR POST 210 PO BOX 308			,				
LAKEVILLE, MN 55044	**-***0382	501(C)(3)	21,000.	0.	FMV		PROGRAM ASSISTANCE
	I.	1	1	I.	<u> </u>	1	0 1 1 1 1/5

(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 noncash assista
ME FITNESS GRANT/OPERATION HEARTFIRST	1	20,000.	0.	FMV	
Supplemental Information. Provide the information	required in Part I. lin	e 2: Part III. column	ı (b): and anv other a	dditional information.	
		•			

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

TEE IT UP FOR THE TROOPS, INC. Employer identification number \*\*-\*\*\*4507

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
[6]							
(ii							
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(i)							
(ii							
(i)							
(ii							
(6)							
(ii							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD REVIEWS THE PRESIDENT ANNUALLY AND THE PRESIDENT HAS AN
EMPLOYMENT AGGREEMENT APPROVED BY THE BOARD.
PART I, LINE 5:
THE PRESIDENT RECEIVES A BONUS BASED ON GROSS REVENUES OF THE YEAR AS
OUTLINED IN THE EMPLOYMENT AGREEMENT.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

INC.

Attach to Form 990.

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

Name of the organization TEE IT UP FOR THE TROOPS, Employer identification number \*\*-\*\*\*4507

Par	τι	Types	of Prop	ету											
						(a)	(b)	(c				(d)			
						Check if applicable	Number of contributions or	Noncash co amounts re				Method of de cash contribu			•
						applicable	items contributed				, 1011	Cash Contribu	ilion a	mount	S
1	Art -	Works of a	ırt												,
2															
3															
4															
5				goods											
6															
7															
8															
9				d											,
10				stock											,
11		urities - Par													
	trust	t interests													
12				s											
13	Qual	lified conse	ervation co	ntribution -											
	Histo	oric structu	res												
14				ntribution - Othe											
15	Real	l estate - Re	esidential												
16															
17															
18	Colle	ectibles													
19															
20				ies											
21															
22															
23															
24			rtifacts	DAGG		v	1		16	EOO	DATE	MADIZEE	777	T TTT	
25		,	GOLF	BALLS	- ,	X	<u> </u>					MARKET MARKET			
26		'	PRINT		- ,	X	1					MARKET			
27		er ▶ ( er ▶ (		Y BARS	- '	X	2					MARKET			
28 29					) raani		g the tax year for c	ontributions	<del>-1</del>	, 4,74	• 1. 1.1.	MARKET	V 73		
29				-	-		g the tax year for t Donee Acknowled			29					
	IOI W	vilicii tile oi	i gai iizatioi	r completed r on	111 020	oo, rantiv, i	Donee Acknowled	gernerit	L	29				Yes	No
30a	Duri	na the vear	did the o	rganization rece	ive h	/ contributio	on any property re	oorted in Part I	l line	s 1 thro	uah 28 th	at it		163	140
oou							al contribution, and					at it			
				-					-				30a		Х
b				angement in Par											
31				-		oolicy that re	equires the review	of any nonstar	ndaro	d contrik	outions?		31		X
							rganizations to soli								
		tributions?		-				· ·					32a		X
b	If "Y	es," descril													
33	If the	e organizati	ion didn't r	report an amoun	t in c	olumn (c) fo	r a type of propert	y for which col	lumn	(a) is ch	ecked,				
	desc	cribe in Par	t II.												

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

Schedule M (Form 990) 2018

<u>Schedule M (Form 990) 20</u>18 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. PART I, OTHER TYPES OF PROPERTY: SHIPPING (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 1 REVENUE REPORTED ON FORM 990, PART VIII \$ 3275. METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE EVENT SPACE (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 2 REVENUE REPORTED ON FORM 990, PART VIII \$ 2500. METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE PRIZES (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 1 (B) REVENUE REPORTED ON FORM 990, PART VIII \$ 1369. METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE CIGARS (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 1 REVENUE REPORTED ON FORM 990, PART VIII \$ 1254. METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

Schedule M (Form 990) 2018

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

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

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEE IT UP FOR THE TROOPS, INC.

Employer identification number \*\*-\*\*4507

FORM 990, PART VI, SECTION B, LINE 11B:

A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO APPROVAL
FOR ISSUANCE. THE FORM 990 IS READ IN ITS ENTIRITY BY TOP MANAGEMENT
OFFICIALS AND ALL FINANCIAL INFORMATION IS COMPARED TO THE AUDITED
FINANCIAL STATEMENTS. THE EXECUTIVE DIRECTOR SIGNS AND FILES THE FORM 990
FOLLOWING FORMAL APPROVAL OF THE TOP MANAGEMENT OFFICIALS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS WILL DISCLOSE ANY CONFLICT OF INTEREST DURING REGULARLY SCHEDULED BOARD MEETING DISCUSSIONS.

FORM 990, PART VI, SECTION B, LINE 15:

ALL HOURLY WAGES AND SALARIES ARE REVIEWED AND APPROVED BY THE BOARD DURING
THEIR REGULARLY SCHEDULED BOARD MEEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL MAKE AVAILABLE TO THE PUBLIC, UPON REQUEST TO ITS EXECUTIVE DIRECTOR, FORM 1023, FORM 990 AND ANNUAL REPORTS AND FINANCIALS.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES FULL RESPONSIBILITY FOR THE REVIEW AND

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF

AN INDEPENDENT ACCOUNTANT.

#### 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	3 IPADS	06/30/12	SL	5.00		16	2,910.				2,910.	2,910.		0.	2,910.
2	LAPTOP	12/28/12	SL	5.00		16	2,896.				2,896.	2,896.		0.	2,896.
4	ALUMA ENCLOSURE	11/15/12	SL	5.00		16	11,012.				11,012.	11,011.		0.	11,011.
5	COMPUTER SERVER	10/22/13	SL	5.00		16	579.				579.	483.		96.	579.
8	HP LAPTOP	01/01/14	SL	5.00		16	675.				675.	560.		78.	638.
9	HP ENVY LAPTOP	04/21/15	SL	5.00		16	958.				958.	511.		191.	702.
10	TIM'S HP PROBOOK	06/02/17	SL	5.00		16	981.				981.	114.		196.	310.
11	KELLY'S HP LAPTOP	07/13/17	SL	5.00		16	938.				938.	94.		188.	282.
12	LAPTOP	10/10/18	SL	5.00		16	702.				702.			35.	35.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						21,651.				21,651.	18,579.		784.	19,363.
	MANAGEMENT AND GENERAL														
3	IMPROVEMENTS	12/20/12	SL	15.00		16	2,150.				2,150.	715.		143.	858.
6	KITCHEN CABINETS & COUNTERTOPS	09/17/13	SL	5.00		16	2,000.				2,000.	1,700.		300.	2,000.
7	CABINETS FOR OFFICE	03/31/13	SL	5.00		16	3,939.				3,939.	3,743.		196.	3,939.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						8,089.				8,089.	6,158.		639.	6,797.
	* GRAND TOTAL 990 PAGE 10 DEPR						29,740.				29,740.	24,737.		1,423.	26,160.

828111 04-01-18

<sup>(</sup>D) - Asset disposed

 $<sup>^{\</sup>star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						29,038.			0.	29,038.	24,737.			26,125.
	ACQUISITIONS						702.			0.	702.	0.			35.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						29,740.			0.	29,740.	24,737.			26,160.
	ENDING ACCUM DEPR											26,160.			
	ENDING BOOK VALUE											3,580.			

TAXABLE YEAR 2018

### California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Ca	lendar Year	2018 or fiscal year beginning (mm/dd/yyyy)	, and ending (	mm/dd/yyy	y)		
C	orporation/Or	ganization name		Calif	ornia corpo	oration	number
$\mathbf{T}$	EE IT	UP FOR THE TROOPS, INC.			8079	415	)
Ad	dditional info	mation. See instructions.		FEI	N		
					**-*	* * 4	507
St	reet address	(suite or room)		·	PMB no.		
5	15 WE	ST TRAVELERS TRAIL					
Ci	ity			State	ZIP code		
В	URNSV	ILLE		MN	5533	7	
Fo	oreign country	y name Foreign province/state/c	ounty		Foreign p	ostal co	ode
Α	First Retu		If exempt under R&TC S	ection 2370	)1d, has 1	the org	
В	Amended	I Return Yes X No	engaged in political activ				
C	IRC Secti	on 4947(a)(1) trust Yes 🔀 No 🖡	Is the organization exem	pt under Ra	&TC Sect	ion 23	701g? • Yes <b>X</b> No
D	Final Info	rmation Return?	If "Yes," enter the gross r	eceipts fro	m nonme	mber	sources \$
	• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorganized L	. If organization is a public	-			
		(mm/dd/yyyy) ●	Section 23701d and mee	-			
Ε		counting method: (1) Cash (2) Accrual (3) Other	box. No filing fee is requi				
F			<b>I</b> Is the organization a Lim				• Yes X No
			I Did the organization file F				
G		group filing? See instructions Yes X No					• Yes X No
Н			Is the organization under	-			
	If "Yes," v	hat is the parent's name?	IRS audited in a prior yea				
	Distales a		Is federal Form 1023/102				Yes X No
1		rganization have any changes to its guidelines	Date filed with IRS				
_		ted to the FTB? See instructions	mation R and C				
_	arti	<u> </u>			_	1	606,001 00
		<ol> <li>Gross sales or receipts from other sources. From Side 2, Part II, I</li> <li>Gross dues and assessments from members and affiliates</li> </ol>	IIIE 0			2	000,00100
		3 Gross contributions gifts grants and similar amounts received		ЅͲМͲ	1 •	3	1,605,520 00
-	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts received</li> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see General Ir</li> </ul>	formation D	STMT	2.	4	2,211,521 00
	and	5 Cost of goods sold	• 5		00	71	2/211/021/00
F	Revenues	<ul><li>Cost of goods sold</li><li>Cost or other basis, and sales expenses of assets sold</li></ul>	• 6		00		
		7 Total costs. Add line 5 and line 6				7	00
		8 Total gross income. Subtract line 7 from line 4				8	2,211,521 00
_	_	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	2,245,314 00
E	xpenses	10 Excess of receipts over expenses and disbursements. Subtract lin				10	-33,793 00
_		11 Total payments				11	00
		12 Use tax. See General Information K				12	00
		13 Payments balance. If line 11 is more than line 12, subtract line 12	from line 11			13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 fr	om line 12		•	14	00
		15 Filing fee \$10 or \$25. See General Information F				15	10 00
		16 Penalties and Interest. See General Information J				16	00
_		17 Balance due. Add line 12, line 15, and line 16. Then subtract line Under penalties of perjury, I declare that I have examined this return, including accoit is true, correct, and complete. Declaration of preparer (other than taxpayer) is based.	11 from the result	onto and to		17	10 00
Sig	nn	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base	ed on all information of which pr	eparer has ar	ny knowled	ge.	owiedge and belief,
He			Title	Date			Telephone
_		Signature of officer I	PRESIDENT Date				● PTIN
		Preparer's, TODD DI 10 CT11 CT1		Check			
		Preparer's ► TODD PLADSEN, CPA	11/15/1	9 self-em	ployed	·	P00361031 ● Firm's FEIN
Pa		Firm's name (or yours, MEIWISSEN FI.VCARE KANRI.		D.3			
	eparer's	if self-		PA			**-***0081  • Telephone
Us	e Only	employed) 6400 FLYING CLOUD DR., SUI	LIE TOO				· '
		EDEN PRAIRIE, MN 55344			_ \ \ <del>\</del>	1	952-541-1996
_		May the FTB discuss this return with the preparer shown above? See in	istructions	<u></u>	♥ L <u>X</u>	」 Yes	└── No

### 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.

828951 12-12-18

Receipts   4 Gross rents   5   6   7   7   6   7   7   7   7   7   7			1	Gross sales or receipts from all	busine	ss activities. See instru	ctions		•	1		600,582 00	0
Sources   Sour			2	Interest					•	2		5,419 oc	0
Receipt   4 Gross roris										3		00	0
Content   Cont	Recei	pts		^ .					_	4		00	0
Content   Cont	from		5	Gross royalties					•	5		00	0
7 Other incomes	Other		6	Gross amount received from sa	le of as	sets (See Instructions)			•	6		00	0
8 Total gross sales or receipts from other sources, Add line 1 through line 7. Either here and on Side 1, Part I, line 1   9 Contributions, gifts, grants, and similar amounts paid   1, 101, 710   10 Disbursements to or for members   11 Compensation of officers, directions, and trustees   SEE STATEMENT 3   11 20, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381   120, 381	Sourc	es	7	0.1						7		00	0
10			8							8		606,001 00	0
10			9	Contributions, gifts, grants, and	similar	amounts paid			•	9		1,101,710 oc	0
11   120, 381   12   150, 974   18   18   19   19   19   19   19   19			10	Disbursements to or for member	rs				•	10		00	
12 Other salaries and wages			11	Compensation of officers, direct	tors, an	d trustees		SEE STA	TEMENT 3 •	11		120,381 00	
Expenses   31   Interest			12	Other salaries and wages					•	12		150,974 oc	0
14   Taxes	Expen	nses								13		00	0
Disburse    15   Rents	and									14		00	0
16   1,423   17   17   17   17   18   15   18   18   18   18   19   19   19   19	Disbu	rse-	15	Rents					•	15		35,538 oc	0
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part 1, line 9   18   2., 245, 314     Schedule L Balance Sheet	ments	s	16	Depreciation and depletion (See	instru	ctions)			•	16		1,423 00	0
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part 1, line 9   18   2., 245, 314     Schedule L Balance Sheet			17	Other Expenses and Disbursem	ents	,		SEE STA	TEMENT 4 •	17		835,288 00	0
Schedule L   Balance Sheet   Beginning of taxable year   End of taxable year			18	Total expenses and disburseme	nts. Ac	ld line 9 through line 1	7. Ente	r here and on Side 1, Pa	art I, line 9	18		2,245,314 00	0
Cash	Sch	edul								of tax	xable	year	_
2 Net accounts receivable	Asset	S				(a)		` '	, ,			` '	
3 Net notes receivable	<b>1</b> C	ash									•	320,738	
Investments in other bonds	<b>2</b> N	et acc	ounts	receivable							•	97,201	
5 Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 10 a Depreciable assets 10 a Depreciable assets 10 a Depreciable assets 11 Land 12 Other assets 13 Total assets 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 18 Other liabilities 19 TMT 7 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Total liabilities and net worth 22 Total liabilities and net worth 37 Other assets 38 37 , 034 38 37 , 034 39 4	3 N	et not	es red	ceivable <b>STMT</b> 5				166,053			•	145,309	9
6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 10 a Depreciable assets 10 a Depreciable assets 11 Land 12 Other assets 13 Total assets 13 Total assets 13 Total assets 14 A 2001 ( 26 , 162 )	<b>4</b> Ir	rvento	ries <sub>.</sub>								•		
7 Investments in stock 8 Mortgage loans 9 Other investments 10 a Depreciable assets 29,038 29,740 b Less accumulated depreciation 11 Land 12 Other assets STMT 6 3 Total assets 837,034 631,73 Liabilities and net worth 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities STMT 7 6 69,030 41,41 9 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 17 Retained earnings or income fund 18 Retained earnings or income fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 25 Schedule M-1 26 Recan and notes payable 37 Not lincome per books with income per return 27 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year of deducted in this return 5 Expenses recorded on books this year of deducted in this return 5 Expenses recorded on books this year of deducted in this return 5 Expenses recorded on books this year of deducted in this return 5 In Net income per return.											•		_
8 Mortgage loans 9 Other investments 10 a Depreciable assets 10 b Less accumulated depreciation 10 24,737 11 Land 12 Other assets 13 Total assets 14 Accounts payable 15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 25 Chedule M-1 26 Retained earnings or income fund 27 Evenses recorded on books this year 28 Federal income tax 38 Excess of capital losses over capital gains 4 Income not recorded on books this year not deducted in this return 4 Other income per return  9 Total. Add line 7 and line 8  10 Net income per return.											•		_
9 Other investments 10 a Depreciable assets 29,038 29,740 b Less accumulated depreciation ( 24,737	<b>7</b> Ir	rvestn	nents	in stock							•		_
10 a Depreciable assets   29,038   29,740		-	-								•		_
b Less accumulated depreciation (24,737) 4,301 (26,162) 3,57  11 Land						00.000			0.0		•		_
11   Land	10 a	Depr	eciab	le assets	,			4 201				2 5 7	_
12 Other assets					(	24,/3/	<u> </u>	4,301	( 26,16	2)		3,578	8
13 Total assets 837,034 631,73 Liabilities and net worth 14 Accounts payable 314,910 • 115,77 15 Contributions, gifts, or grants payable • 55, 24 16 Bonds and notes payable • 18 Other liabilities STMT 7 69,030 41,41 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 453,094 • 419,29 22 Total liabilities and net worth 837,034 631,73  Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books • -33,793 7 Income recorded on books this year not included in this return • 10 Net income per return.  2 Excess of capital losses over capital gains • 8 Deductions in this return odeducted in this return • 10 Net income per return.	11 L	and		CONTRACTOR C				C2 004				CA 017	_
Liabilities and net worth  14 Accounts payable	12 0	itner a	ssets	STMT 0			-				•		
14 Accounts payable 314,910 • 115,77  15 Contributions, gifts, or grants payable • 55, 24  16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 7 69,030 41,41  19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 453,094 • 419,29  22 Total liabilities and net worth 837,034 631,73  Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books • -33,793 7 Income recorded on books this year not included in this return on the recorded on books this year • 18 Deductions in this return on the recorded on books this year • 10 Net income per return.								037,034				031,730	_
15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Capital liabilities and net worth 24 Total liabilities and net worth 25 Chedule M-1 26 Reconciliation of income per books with income per return 27 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  9 Total. Add line 7 and line 8  10 Net income per return.								31/ 910		-	_	115 77	<u>_</u>
16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Chedule M-1 24 Reconciliation of income per books with income per return 25 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  • Net income per return  • On the income per books  • Total. Add line 7 and line 8  • On the income per return.  • On the income per per per per per per per per per pe								314,310					
17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 23 Schedule M-1 24 Reconciliation of income per books with income per return 25 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  • 10 Net income per return.							-					33,24	<u>'</u>
19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 25 Chedule M-1  26 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  • Total. Add line 7 and line 8  10 Net income per return.													-
19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 25 Chedule M-1  26 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  • Total. Add line 7 and line 8  10 Net income per return.	18 0	ther li	gos p ahiliti	es STMT 7				69.030				41.415	5
20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth  Schedule M-1  Peconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  Net income per books  Federal income tax  Excess of capital losses over capital gains  Income not recorded on books this year  Expenses recorded on books this year  Expenses recorded on books this year not deducted in this return  Net income per books  Federal income tax  Federal inco	19 C	anital	stock	or principal fund							•		Ť
21 Retained earnings or income fund 22 Total liabilities and net worth  Schedule M-1  Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books  Federal income tax  Excess of capital losses over capital gains  Income not recorded on books this year  Income not recorded on books this year  Expenses recorded on books this year  Expenses recorded on books this year not deducted in this return  Net income per books  Total. Add line 7 and line 8  Net income per return.											•		_
Schedule M-1   Reconciliation of income per books with income per return   Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books   • -33,793   7 Income recorded on books this year not included in this return   •   8 Deductions in this return not charged against book income this year   •   9 Total. Add line 7 and line 8   9 Total. Add line 7 and line 8   10 Net income per return.								453,094			•	419,299	<u>5</u>
Schedule M-1 Reconciliation of income per books with income per return  Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books 2 Federal income tax 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return  • Total. Add line 7 and line 8  10 Net income per return.												631,736	
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.  1 Net income per books				I-1 Reconciliation of income									_
2 Federal income tax				Do not complete this sche	dule if				s than \$50,000.				
3 Excess of capital losses over capital gains 4 Income not recorded on books this year  5 Expenses recorded on books this year not deducted in this return  ■ 10 Net income per return.						<b>●</b> −33,	793	7 Income recorded	on books this year				
4 Income not recorded on books this year						•		not included in th	nis return		•		_
5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.						•		4	-				
deducted in this return • 10 Net income per return.	<b>4</b> Ir	ncome	not r	recorded on books this year		•		against book inco	ome this year		•		_
	5 E	xpens	es red	corded on books this year not				9 Total. Add line 7	and line 8				
6 Total. Add line 1 through line 5   -33, 793  Subtract line 9 from line 6   -33, 79							800					22 52	_
	<b>6</b> T	otal. A	dd Iir	ne 1 through line 5		-33,	793	Subtract line 9 fro	om line 6			-33,793	<u>კ</u>

CA 199	CASH CONTRIBUTIONS 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	12/31/18	5,000.
NOBLE FOUNDATION	2510 SAM NOBLE PARKWAY ARDMORE, OK 73401	12/31/18	10,000.
ROBINS, KAPLAN, MILLER AND CIRESI	800 LASALLE AVE #2800 MINNEAPOLIS, MN 55402	12/31/18	10,000.
STATE GOVERNMENT AFFAIRS COUNCIL	515 KING STREET, STE 325 ALEXANDRIA, VA 22314	12/31/18	7,500.
FISHER HOUSE	111 ROCKVILLE PIKE ROCKVILLE, MD 20850	12/31/18	30,000.
GALAXY SALES, INC.	8694 EAGLE CREEK PKWY SAVAGE, MN 55378	12/31/18	17,500.
EZ GO CART	1451 MARVIN GRIFFIN ROAD AUGUSTA, GA 30906	12/31/18	5,000.
HEARTFIRST CHARITABLE FOUNDATION	111 WEIR DRIVE WOODBURY, MN 55125	12/31/18	5,700.
BALD EAGLE ERECTORS	73090 LAKE DR CIRCLE PINES, MN 55014	12/31/18	5,000.
THE CLUB FOUNDATION	PO BOX 1919 MERRIFIELD, VA 22116	12/31/18	20,000.
WATEROUS	125 HARDMAN AVE S SOUTH ST PAUL, MN 55075	12/31/18	5,000.
AMERICAN LEGION POST 580	290 LAKE DRIVE EAST CHANHASSEN, MN 55317	12/31/18	7,500.
DONEGAN BURNS FOUNDATIONS	31913 JIMDORA WAY BONSALL, CA 92003	12/31/18	10,000.
L-3 TECHNOLOGIES	351 CLIFF RD E BURNSVILLE, MN 55337	12/31/18	5,000.
MCGOUGH CONSTRUCTION	2737 FAIRVIEW AVE N SAINT PAUL, MN 55113	12/31/18	5,000.

TEE IT UP FOR THE TROOP	S, INC.		**-***4507
ORBITAL ATK (NORTHROP GRUMAN CORP)	45101 WARP DRIVE DULLES, VA 20166	12/31/18	5,000.
SYRTIS SOLUTIONS	1601 RIO GRANDE ST AUSTIN, TX 78701	12/31/18	5,000.
WARRIORS JOURNEY	3003 E CHESTNUT EXPRESSWAY, SUITE 2001 SPRINGFIELD, MO 65802	12/31/18	6,900.
YONTZ VALOR FOUNDATION	26215 BIRCH BLUFF ROAD EXCELSIOR, MN 55331	12/31/18	20,000.
DENNIS CLARK	112 BRENTWOOD CT KISSIMMEE, FL 34759	12/31/18	5,500.
EDUCATION CORPORATION OF AMERICA	2810 SE FEDERAL HWY STUART, FL 34994	12/31/18	8,900.
FIDELITY CHARITABLE GIFT FUND	100 CROSBY PARKWAY COVINGTON, KY 41015	12/31/18	5,500.
GREAT CLIPS	4400 WEST 78TH ST, SUITE 700 MINNEAPOLIS, MN 55435	12/31/18	5,000.
JEFFREY MCINTOSH	2 GREEN WING TEAL ROAD HILTON HEAD ISLAND, SC 29928	12/31/18	5,000.
MORRISSEY, INC	9304 BRYANT AVE S BLOOMINGTON, MN 55420	12/31/18	5,000.
NIGHTINGALE SUPPER CLUB	1541 EGG HARBOR ROAD STURGEON BAY, WI 54235	12/31/18	5,000.
ON-COURSE FOUNDATION	6649 WESTWOOD BLVD ORLANDO, FL 32821	12/31/18	5,500.
SMART LLC	70680 CO RD 23 NEW PARIS, IN 46553	12/31/18	5,000.
	529 35TH AVE NE MINNEAPOLIS, MN 55418	12/31/18	5,000.
NORTH TEXAS WARRIOR GOLF ASSOCIATION	542 INDIAN CREEK DR ROANOKE, TX 76262	12/31/18	5,500.
GREG JOHNSON	W10840 875TH AVE RIVER FALLS, WI 54022	12/31/18	5,500.
AMES CONSTRUCTION	2000 AMES DR. BURNSVILLE, MN 55306	12/31/18	5,000.
DESIO FOUNDATION A CORPORATION	5880 CHAMBERY CIRCLE RENO, NV 89511	12/31/18	10,000.

TEE IT UP FOR THE TROOP	S, INC.	**-***4507
DISASBLED SPORTS USA/WARFIGHTER SPORTS	451 HUNGERFORD DR SUITE 608 12/31/18 ROCKVILLE, MD 20850	5,500.
HOPE FOR WARRIORS	8003 FORBES PLACE SUITE 201 12/31/18 SPRINGFIELD, VA 22151	5,500.
TOTAL INCLUDED ON LINE 3		277,500.

CA 199	NONCASH CONTRIBUT		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
VOLVIK USA INC.	9436 SOUTHRIDG 32819	E PARK COURT #40	0 ORLANDO, FL
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
GOLF BALLS	05/01/18	13,658.	13,658.
CONTRIBUTOR'S NAME  CLUB CARLTON WOODS CREEKS	CONTRIBUTOR'S	ADDRESS	NG TY 77389
PROPERTY DESCRIPTION		TOTAL AMOUNT	•
GOLF BAGS	06/01/18	16,500.	16,500.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
TANDEM PRINTING	2970 LEXINGTON	AVE S EAGAN, MN	55121
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
PRINTING	06/01/18	10,512.	10,512.
TOTAL INCLUDED ON LINE 3			40,670.

TEE IT U	JP FOR THE TROOPS, INC.		**-** <b>4</b> 507
CA 199	COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	S STATEMENT 3
NAME AND A	ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
	DOM TRAVELERS TRAIL E, MN 55337	CHAIRMAN 5.00	0.
	RSON TRAVELERS TRAIL E, MN 55337	DIRECTOR 1.00	0.
	NHAM TRAVELERS TRAIL E, MN 55337	DIRECTOR 1.00	0.
	TRAVELERS TRAIL E, MN 55337	SECRETARY 2.00	0.
	TRAVELERS TRAIL E, MN 55337	DIRECTOR 1.00	0.
	SCHUTZ TRAVELERS TRAIL E, MN 55337	DIRECTOR 1.00	0.
	AN TRAVELERS TRAIL E, MN 55337	DIRECTOR 1.00	0.
	HEID TRAVELERS TRAIL E, MN 55337	PRESIDENT/EXECUTIVE DI 40.00	TRECT 120,381.
705 BEGGV			•

TREASURER

DIRECTOR

2.00

1.00

JOE TESSMER

JOHN KLINE

515 WEST TRAVELERS TRAIL

515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337

TOTAL TO FORM 199, PART II, LINE 11

BURNSVILLE, MN 55337

0.

0.

120,381.

CA 199	OTHER EXPENSES		STATEMENT	4
DESCRIPTION			AMOUNT	
OTHER EVENT EXPENSE MISCELLANEOUS TELEPHONE/INTERNET/CABL DIRECT EXPENSES OF FUNDRAIS: LEGAL FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES	ING EVENTS		144,36 4,99 4,23 600,58 51 11,59 10,56	54. 39. 32. 50. 59.
INFORMATION TECHNOLOGY TRAVEL INSURANCE			24,10 19,39 8,93	58. 98.
TOTAL TO FORM 199, PART II,	LINE 17		835,28	88.
CA 199	NET NOTES RECEIVA	BLE	STATEMENT	 5 
DESCRIPTION		BEG. OF YEAR	END OF YEA	ΑR
NOTES AND LOANS RECEIVABLE,	NET	166,053.	145,30	09.
TOTAL TO FORM 199, SCHEDULE	L, LINE 3	166,053.	145,30	09.
CA 199	OTHER ASSETS		STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES AND DEFERR	ED CHARGES	63,904.	64,93	10.
TOTAL TO FORM 199, SCHEDULE	L, LINE 12	63,904.	64,93	10.
CA 199	OTHER LIABILITIE	ß	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DEFERRED REVENUE		69,030.	41,43	15.
TOTAL TO FORM 199, SCHEDULE	L, LINE 18	69,030.	41,43	L5.

CALIFORNIA FORM

\*\*-\*\*\*4507 FORM 199 FEIN Attach to Form 100 or Form 100W. Corporation name California corporation number 8079415 TEE IT UP FOR THE TROOPS, INC. Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 8 29,740. 24,737. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 1,423 See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 1,423 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation 0 amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Date acquired Cost or Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 38	85		DEPRE	CIATION			STATEM	IENT 8
	NO./ IPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	3 IPADS							
2	LAPTOP	06/30/12	2,910.	2,910.	SL	5.00	0.	
•		12/28/12	2,896.	2,896.	SL	5.00	0.	
3	IMPROVEMENT	rs 12/20/12	2,150.	715.	QT.	15.00	143.	
4	ALUMA ENCLO	• •	11,012.	11,011.		5.00	0.	
5	COMPUTER SE	•	11,012.	11,011.	рп	5.00	0.	
	KITCHEN CAE	10/22/13	579. INTERTOPS	483.	SL	5.00	96.	
	CABINETS FO	09/17/13	2,000.	1,700.	SL	5.00	300.	
	HP LAPTOP	03/31/13	3,939.	3,743.	SL	5.00	196.	
	HP ENVY LAI	01/01/14 PTOP	675.	560.	SL	5.00	78.	
	TIM'S HP PF	04/21/15	958.	511.	SL	5.00	191.	
	KELLY'S HP	06/02/17	981.	114.	SL	5.00	196.	
		07/13/17	938.	94.	SL	5.00	188.	
12	LAPTOP	10/10/18	702.		SL	5.00	35.	
TOTAL	TO FORM 388	- 35	29,740.	24,737.		-	1,423.	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than the 15th day of the 5th month 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: CT 0193275		Check if:				
		Change of address				
TEE IT UP FOR THE TROOPS, INC.		Amended report				
515 WEST TRAVELERS TRAI	L	Corporate	or Organization No. 8079415			
BURNSVILLE, MN 55337 City or Town, State and ZIP Code		Federal En	poloyer I.D. No. 20-2974507			
	RENEWAL FEE SCHEDULE (11 Cal. ck Payable to Attorney General's F					
Gross Receipts Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>е</u>	
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	•	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$19 \$22 \$30	25	
PART A - ACTIVITIES						
For your most recent full accounting p	period (beginning 01/01/20 .,610,939 Total assets \$_	18_ endi	ng 12/31/2018 ) list: 631,736			
PART B - STATEMENTS REGARDING ORGA						
Note: If you answer "yes" to any of the que "yes" response. Please review RRF-			ge providing an explanation and details	for ead	ch	
During this reporting period, were there a	ny contracts, loans, leases or other f	inancial tran	sactions between the organization	Yes	No	
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?				Х		
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				х		
3. During this reporting period, did non-proc	gram expenditures exceed 50% of gr	oss revenue	?		Х	
During this reporting period, were any org with the Internal Revenue Service, attach		nalty, fine or	judgment? If you filed a Form 4720		х	
5. During this reporting period, were the ser If "yes," provide an attachment listing the		•			Х	
During this reporting period, did the organ name of the agency, mailing address, column and the second	, 0	•	provide an attachment listing the		Х	
7. During this reporting period, did the orga the number of raffles and the date(s) they		ırposes? If "	yes," provide an attachment indicating		Х	
Does the organization conduct a vehicle operated by the charity or whether the organization.					Х	
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				Х		
Organization's area code and telephone number(	952) 646-2490					
Organization's e-mail address JODI@TEEI	TUPFORTHETROOPS.OR	G				
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.						
	WEGSCHEID	P	RESIDENT			
Signature of authorized officer Print	ed Name	III	le Date			

Form AG990-IL

	fice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-IL Revised 3/05
PMT	Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601			·
		T.		all items attached:
AMT	·	Make Checks X		FIRS Return Financial Statements
		Make Checks A		Form IFC
INIT		the Illinois 🔻		Annual Report Filing Fee
11411		Charity Bureau Fund X		) Late Report Filing Fee
Feder	al ID# **-**4507 MO DAY YR			MO DAY YR
Are c	ontributions to the organization tax deductible? X Yes No Date Org	ganization was create	d:	
	LEGAL	Year-end		
	NAME TEE IT UP FOR THE TROOPS, INC.	amounts		
	MAIL	A) ASSETS	A) \$	631,736.
	DDRESS 515 WEST TRAVELERS TRAIL	B) LIABILITIES	B) \$	212,437.
	STATE BURNSVILLE, MN	C) NET ASSETS	C) \$	419,299.
_	P CODE 55337	PERCENTAGE		AMOUNT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:  D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.755%	D) \$	2,206,102
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$	2,200,102
	F) OTHER REVENUES	0.245%	F) \$	5,419.
	1) OTHER NEVENOES	0.245/6	Ι', Ψ	3,413
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,211,521.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 70	, .	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	36.797%	H) \$	826,211.
			ĺ	
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	36.797%	J) \$	826,211.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	49.067%	K) \$	1,101,710.
	K) GIVINTO TO OTHER GIVINITIABLE GRAVINIZATIONS	45.007/8	Κ) φ	1,101,,10
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.864%	L) \$	1,927,921.
	AND ANALOGUENT AND OCCUPANT EVERTICAL	2 004		07 200
	M) MANAGEMENT AND GENERAL EXPENSE	3.884%	M) \$	87,208.
	N) FUNDRAISING EXPENSE	10.252%	N) \$	230,187.
	N) TONDINIONALA ENGL	10123270	Ν) ψ	230 / 20 / 1
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	2,245,316.
	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
""	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS:		D) @	0
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	Q) TOTAL TONUNAISENS LEES AND EXPENSES	70	α, ψ	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	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:		400 00=
	T) NAME, TITLE:TIMOTHY WEGSCHEID - EXECUTIVE DIRECTOR		T) \$	109,825.
	U) NAME, TITLE JODI BAER - DIRECTOR OF OPERATIONS		U) \$	53,625.
	V) NAME, TITLE: CHERYL ANDERSON - EVENTS MANAGER	· · · · · · · · · · · · · · · · · · ·	V) \$	40,353.
	V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)			n back side of instructions CODE
898091 04-01-18	W) DESCRIPTION: SUPPORT THE FALLEN AND DISABLED ARMED I	FORCES	W)#	300
91 04	X) DESCRIPTION:		X) #	
8980	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.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
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.		X
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 - PO BOX 63020, SAN FRANCISCO, CA 94163			
	WELLS FARGO - PO BOX 6995 PORTLAND, OR 97228-6995			
	TD BANK - 382 STATE HIGHWAY 23, FRANKLIN, NJ, 07416			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TIM WEGSCHEID - (952)646-2490			
	A ATTACHMENTO ANIOT ACCOMPANY THE DEPORT OF INCTRICATIONS			

#### 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:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

#### TIM WEGSCHEID

PRESIDENT OF TRUSTEE (PRINT NAME)

THOMAS GROOM

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TODD PLADSEN, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE

898101 04-01-18

#### Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

**SECTION A: Organization Information** 

#### Website Address:

www.ag.state.mn.us/charity

#### **STATE OF MINNESOTA**

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2	
-	

Legal Name of Organization TEE IT UP FOR THE T	ROOPS, INC.		
Federal EIN: **-**4507	Fiscal Year-End: 12312018 mm/dd/yyyy		
	Did the organization's fiscal year-end change? Yes X No		
Mailing Address: TIM WEGSCHEID	Physical Address: TIM WEGSCHEID		
Contact Person 515 WEST TRAVELERS TRAIL	Contact Person 515 WEST TRAVELERS TRAIL		
Street Address BURNSVILLE, MN 55337	Street Address BURNSVILLE, MN 55337		
City, State, and ZIP Code 952-646-2490	City, State, and ZIP Code 952-646-2490		
Phone Number JODI@TEEITUPFORTHETROOPS.ORG	Phone Number JODI@TEEITUPFORTHETROOPS.ORG		
Email Address	Email Address		
Organization's website:	if more space is needed).  Alternate Former Alternate Former		
Is the organization incorporated pursuant to Minn. Stat. ch. 317A?			
5. Total amount of contributions the organization received from Minne	esota donors: \$ 582,338.		
6. Has the organization's tax-exempt status with the IRS changed?  Yes X No If yes, attach explanation.			
7. Has the organization significantly changed its purpose(s) or programure.  Yes X No If yes, attach explanation.	m(s)?		

8.	Has the organization been denied the right to solicit contributions by any court or gove $\square$ Yes $\square$ No $\square$ If yes, attach explanation.	ernment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No  If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Code	9
10.	Is the organization a food shelf? Yes X No  If yes, is the organization required to file an audit? Yes, audit attached  Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold.	LPA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? X Yes No  If yes, provide the following information for the five highest paid individuals:	s) receive total	
	Name and title	Compensation*	Other compensation
	TIM WEGSCHEID PRESIDENT/EXECUTIVE DIREC	120,381.	0.
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1 issued by the organization and its related organizations to the individual. See Minn. Str.		

3(i) and Minn. Stat. § 317A.011 for definitions.

#### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

CO	

1.	Contributions Received	\$.	1,605,520. <sub>1</sub>
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	<b>5,419.</b> <sub>4</sub>
5.	TOTAL INCOME	\$	1,610,939.5
EXP	ENSES		
6.	Program Expenses	\$	1,327,339. <sub>6</sub>
7.	Management & General Expenses	\$	87,208.

8.	Fund-raising Expenses
a	TOTAL EYDENGES

**10. EXCESS or DEFICIT** (Line 5 minus Line 9)

<b>ASSETS</b>	

OOLIO	
11. Cash	\$ 320,738. 11
12. Land, Buildings & Equipment	\$ 3,578. 12
13. Other Assets	\$ 307,420. <sub>13</sub>
14. TOTAL ASSETS	\$ 631,736. 14

#### **LIABILITIES**

15. Accounts Payable	\$ 115,775. <sub>15</sub>
16. Grants Payable	\$ 55,247. <sub>16</sub>
17. Other Liabilities	\$ 41,415.
18. TOTAL LIABILITIES	\$ 212,437. 18
FUND BALANCE/NET WORTH	\$ 419,299.

(Line 14 minus Line 18)

230,187. 8 1,644,734. -33,795.

#### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Coldi	Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.				
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.	1,081,710.	1,081,710.		
2.	Grants and other assistance to individuals in the U.S.	20,000.	20,000.		
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	120,381.	26,183.	12,098.	82,100.
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	150,974.	43,244.	28,833.	78,897.
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal	550.	550.		
	Accounting	11,559.	971.	10,588.	
	Lobbying	,	-	,	
	Professional fundraising services				
	Investment management fees				
	Other Other				
12.	Advertising and promotion	5,977.	3,892.	72.	2,013.
13.	Office expenses	10,562.	4,090.	1,118.	5,354.
14.	Information technology	24,168.	15,832.	287.	8,049.
15.	Royalties	21,2001	23,0021	2071	0,0101
16.	Occupancy	35,538.	9,240.	5,331.	20,967.
17.	Travel	19,398.	12,763.	228.	6,407.
18.	Payments of travel or entertainment expenses	23,0301	2277001		0 / 20 / 1
10.	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization	1,425.		1,425.	
		8,933.	5,255.	306.	3,372.
23.	Insurance Other expenses. Itemize expenses not covered	0,555.	5,255	300.	5,572.
24.	·				
	above. Expenses labeled miscellaneous may				
<u> </u>	not exceed 5% of total expenses (Line 25).  OTHER EVENT EXPENSE	144,366.	101,944.	22,025.	20,397.
	MISCELLANEOUS	4,954.	563.	4,261.	130.
	TELEPHONE/INTERNET/CABL	4,239.	1,102.	636.	2,501.
	TELEFICINE/ INTERNET/ CABL	4,433.	1,104.	030.	2,301.
d.	Total functional symmetry Add lines 4 through OAd	1,644,734.	1,327,339.	87,208.	230,187.
25.	Total functional expenses. Add lines 1 through 24d	1,044,134.	1,341,333.	01,400.	ZJU, TU/•
26.	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

#### **Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and ackno	owledge that we are duly constituted officers of this	organization, being the
PRESIDENT	(Title) and CHAIRMAN	(Title) respectively, and
that we execute this document on behalf	of the organization pursuant to the resolution of the	
BOARD OF DIRECTORS	(Board of Directors, Truste	ees, or Managing Group) adopted on the 15TH
day of NOVEMBER , 20 19, app	roving the contents of the document, and do hereby	y certify that the
BOARD OF DIRECTORS	(Board of Directors, Truste	ees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining r	natters of policy, and have supervised, and will conf	tinue to supervise, the operations and finances of the
organization. We further state that the info	ormation supplied is true, correct and complete to th	ne best of our knowledge.
TIM WEGSCHEID	THOMAS (	GROOM
Name (Print)	Name (Print)	
Signature	Signature	
PRESIDENT	CHAIRMAN	N
Title	Title	
Date		