

Form **990**

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

OMB No. 1545-0047

2018

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TEE IT UP FOR THE TROOPS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 WEST TRAVELERS TRAIL City or town, state or province, country, and ZIP or foreign postal code BURNSVILLE, MN 55337 F Name and address of principal officer: TIM WEGSCHEID SAME AS C ABOVE	D Employer identification number ** - *** 4507 E Telephone number (952) 646-2490 G Gross receipts \$ 2,211,521. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.TEEITUPFORTHETROOPS.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2005		M State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO HELP SUPPORT THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES, AND THEIR FAMILIES.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	974
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,809,598.	1,605,520.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,842.	5,419.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,811,440.	1,610,939.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,398,748.	1,101,710.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	247,811.	271,355.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 230,187.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,934.	271,669.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,836,493.	1,644,734.
19	Revenue less expenses. Subtract line 18 from line 12	-25,053.	-33,795.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	837,034.	631,736.
22	Net assets or fund balances. Subtract line 21 from line 20	383,940.	212,437.
22	Net assets or fund balances. Subtract line 21 from line 20	453,094.	419,299.

Part II Signature Block

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

Sign Here	Signature of officer TIM WEGSCHEID, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name TODD PLADSEN, CPA	Preparer's signature TODD PLADSEN, CPA	Date 11/15/19	Check if self-employed <input type="checkbox"/>	PTIN P00361031
Firm's name ▶ MEUWISSEN, FLYGARE, KADRLIK & ASSOC., PA		Firm's EIN ▶ ** - *** 0081			
Firm's address ▶ 6400 FLYING CLOUD DR., SUITE 100 EDEN PRAIRIE, MN 55344		Phone no. 952-541-1996			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program 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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,307,339. including grants of \$ 1,081,710.) (Revenue \$ 2,148,530.) TEE IT UP FOR THE TROOPS, INC. IS A NON-PROFIT ORGANIZATION CREATED TO HELP SUPPORT THE FALLEN AND DISABLED MEMBERS OF OUR ARMED FORCES AND THEIR FAMILIES.

4b (Code:) (Expenses \$ 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:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,327,339.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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? (X).

Section 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) available 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 financial 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

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS GROOM CHAIRMAN	5.00	X		X				0.	0.	0.
(2) JEFF ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(3) TERRY BRANHAM DIRECTOR	1.00	X						0.	0.	0.
(4) JOE BAER SECRETARY	2.00	X		X				0.	0.	0.
(5) LIZ DAPP DIRECTOR	1.00	X						0.	0.	0.
(6) RONALD J. SCHUTZ DIRECTOR	1.00	X						0.	0.	0.
(7) JEFF MORGAN DIRECTOR	1.00	X						0.	0.	0.
(8) TIM WEGSCHEID PRESIDENT/EXECUTIVE DIRECT	40.00	X		X				109,825.	0.	10,556.
(9) JOE TESSMER TREASURER	2.00	X						0.	0.	0.
(10) JOHN KLINE DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,470,041.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	135,479.				
	g Noncash contributions included in lines 1a-1f: \$		57,572.				
	h Total. Add lines 1a-1f		1,605,520.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,419.			5,419.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ <u>1,470,041.</u> of contributions reported on line 1c). See Part IV, line 18	a		600,582.			
		b Less: direct expenses	b	600,582.			
		c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,610,939.	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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 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, 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 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				
b Legal	550.	550.		
c Accounting	11,559.	971.	10,588.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
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				
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 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 O.)				
a OTHER EVENT EXPENSE	144,366.	101,944.	22,025.	20,397.
b MISCELLANEOUS	4,954.	563.	4,261.	130.
c TELEPHONE/INTERNET/CABL	4,239.	1,102.	636.	2,501.
d				
e 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.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	166,053.	7	145,309.
	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 basis. Complete Part VI of Schedule D	10a 29,740.		
	b Less: accumulated depreciation	10b 26,162.	10c	3,578.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	837,034.	16	631,736.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	383,940.	26	212,437.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	203,094.	27	189,299.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	250,000.	29	230,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
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.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,610,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,644,734.
3	Revenue less expenses. Subtract line 2 from line 1	3	-33,795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	453,094.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	419,299.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(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 organization'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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(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.	700,340.	568,341.	883,525.	2070623.	5121466.
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.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						5649994.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1031460.	805,669.	693,773.	972,428.	2146664.	5649994.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
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.		

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 Part VI 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?		
2 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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 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.	Yes	No
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? Provide details in Part VI.		
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 Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section 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			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 Part VI . 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

TEE IT UP FOR THE TROOPS, INC.

Employer identification number

**** - ***4507**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 **General Rule** 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Redacted Redacted SHAKOPEE, MN 55379	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Redacted Redacted ARDMORE, OK 73401	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Redacted Redacted MINNEAPOLIS, MN 55402	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Redacted Redacted ALEXANDRIA, VA 22314	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Redacted Redacted ROCKVILLE, MD 20850	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Redacted Redacted SAVAGE, MN 55378	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Redacted Redacted AUGUSTA, GA 30906	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Redacted Redacted WOODBURY, MN 55125	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Redacted Redacted CIRCLE PINES, MN 55014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Redacted Redacted MERRIFIELD, VA 22116	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Redacted Redacted SOUTH ST PAUL, MN 55075	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Redacted Redacted CHANHASSEN, MN 55317	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Redacted Redacted BONSALL, CA 92003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Redacted Redacted BURNSVILLE, MN 55337	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Redacted Redacted SAINT PAUL, MN 55113	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Redacted Redacted DULLES, VA 20166	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Redacted Redacted AUSTIN, TX 78701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Redacted Redacted SPRINGFIELD, MO 65802	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Redacted Redacted EXCELSIOR, MN 55331	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Redacted Redacted KISSIMMEE, FL 34759	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Redacted Redacted STUART, FL 34994	\$ <u>8,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Redacted Redacted COVINGTON, KY 41015	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Redacted Redacted MINNEAPOLIS, MN 55435	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Redacted Redacted HILTON HEAD ISLAND, SC 29928	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Redacted Redacted BLOOMINGTON, MN 55420	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Redacted Redacted STURGEON BAY, WI 54235	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Redacted Redacted ORLANDO, FL 32821	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Redacted Redacted NEW PARIS, IN 46553	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Redacted Redacted MINNEAPOLIS, MN 55418	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Redacted Redacted ROANOKE, TX 76262	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Redacted Redacted RIVER FALLS, WI 54022	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Redacted Redacted BURNSVILLE, MN 55306	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Redacted Redacted RENO, NV 89511	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Redacted Redacted ROCKVILLE, MD 20850	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Redacted Redacted SPRINGFIELD, VA 22151	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Redacted Redacted ORLANDO, FL 32819	\$ 13,658.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Redacted Redacted SPRING, TX 77389	\$ 16,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	Redacted Redacted EAGAN, MN 55121	\$ 10,512.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
36	GOLF BALLS _____ _____ _____	\$ 13,658.	05/01/18
37	GOLF BAGS _____ _____ _____	\$ 16,500.	06/01/18
38	PRINTING _____ _____ _____	\$ 10,512.	06/01/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2018

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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 other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,089.	6,799.	1,290.
d Equipment		21,651.	19,363.	2,288.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,578.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) 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.) ▶	

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,610,939.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,644,734.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,644,734.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION IS CLASSIFIED AS A PUBLIC CHARITY. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAX.

Part II 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 (add col. (a) through col. (c))
		SEACLIFF GOLF TOURNAM	ALTA VISTA GOLF TOURNAM	60	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	366,524.	141,240.	1,562,859.	2,070,623.
	2 Less: Contributions	272,175.	90,000.	1,107,866.	1,470,041.
	3 Gross income (line 1 minus line 2)	94,349.	51,240.	454,993.	600,582.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	17,897.	1,350.	29,296.	48,543.
	6 Rent/facility costs	36,863.	0.	166,535.	203,398.
	7 Food and beverages	22,217.	14,066.	76,457.	112,740.
	8 Entertainment	3,250.	1,000.	9,048.	13,298.
	9 Other direct expenses	14,122.	34,824.	173,657.	222,603.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				600,582.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(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	** - *** 7409	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	501(C)(3)	59,675.	0.	FMV		PROGRAM ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) 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
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	**-***4717	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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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
ON COURSE FOUNDATION 6649 WESTWOOD BLVD 500 ORLANDO, FL 32821	**-***0269	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 STATESVILLE, NC 28687	**-***6121	501(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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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
WARRIOR CANINE CONNECTION 14934 SCHAEFFER RD BOYDS, MD 20841	**-***1579	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	501(C)(3)	5,000.	0.	FMV		PROGRAM ASSISTANCE
VFW - HIGH SIERRA POST PO BOX 1776 POROLA, CA 96122	**-***4211	501(C)(3)	8,300.	0.	FMV		PROGRAM ASSISTANCE
WESTERN NY SECTION PGA FOUNDATION 6161 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 5676 TRAILS END CT. 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	**-***9459	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 SAUK CENTRE, MN 56378	**-***7435	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.	0.	FMV		PROGRAM ASSISTANCE
MARSOC FOUNDATION P.O. BOX 17454 FOUNTAIN HILLS, AZ 85268	**-***3544	501(C)(3)	15,000.	0.	FMV		PROGRAM ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 615 7 ST SW 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
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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ANYTIME FITNESS GRANT/OPERATION HEARTFIRST	1	20,000.	0.	FMV	

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization

TEE IT UP FOR THE TROOPS, INC.

Employer identification number

**** - ***4507**

Part I Questions Regarding Compensation

- 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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
- 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?
- 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.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:
- a** The organization?
- b** Any related organization?
- 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:
- a** The organization?
- b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 AGREEMENT 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

2018

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.
- ▶ 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, INC.** Employer identification number ****-***4507**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLF BAGS)	X	1	16,500.	FAIR MARKET VALUE
26 Other ▶ (GOLF BALLS)	X	1	13,658.	FAIR MARKET VALUE
27 Other ▶ (PRINTING)	X	1	11,722.	FAIR MARKET VALUE
28 Other ▶ (ENERGY BARS)	X	2	7,294.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3275.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

EVENT SPACE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

PRIZES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1369.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

CIGARS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1254.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

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	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
	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.

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name TEE IT UP FOR THE TROOPS, INC.	California corporation number 8079415
Additional information. See instructions.	FEIN ** - ***4507

Street address (suite or room) 515 WEST TRAVELERS TRAIL		PMB no.
City BURNSVILLE	State MN	ZIP code 55337
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	606,001	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,605,520	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. STMT 2	4	2,211,521	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	2,211,521	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,245,314	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-33,793	00
Filing Fee	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
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		10
	16 Penalties and Interest. See General Information J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		10

Sign Here	Signature of officer _____	Title PRESIDENT	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00361031
Paid Preparer's Use Only	Preparer's signature TODD PLADSEN, CPA	Date 11/15/19	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN ** - ***0081
	Firm's name (or yours, if self-employed) and address MEUWISSEN, FLYGARE, KADRLIK & ASSOC., PA 6400 FLYING CLOUD DR., SUITE 100 EDEN PRAIRIE, MN 55344			<input checked="" type="checkbox"/> Telephone 952-541-1996
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	600,582	00
	2	Interest	•	2	5,419	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	606,001	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,101,710	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	120,381	00
	12	Other salaries and wages	•	12	150,974	00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15	35,538	00
	16	Depreciation and depletion (See instructions)	•	16	1,423	00
	17	Other Expenses and Disbursements	•	17	835,288	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,245,314	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		451,464	•	320,738
2	Net accounts receivable		151,312	•	97,201
3	Net notes receivable STMT 5		166,053	•	145,309
4	Inventories			•	
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	29,038		29,740	
	b Less accumulated depreciation	(24,737)	4,301	(26,162)	3,578
11	Land			•	
12	Other assets STMT 6		63,904	•	64,910
13	Total assets		837,034		631,736
Liabilities and net worth					
14	Accounts payable		314,910	•	115,775
15	Contributions, gifts, or grants payable			•	55,247
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities STMT 7		69,030		41,415
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		453,094	•	419,299
22	Total liabilities and net worth		837,034		631,736

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
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	•	
6	Total. Add line 1 through line 5		-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		
10	Net income per return. Subtract line 9 from line 6		-33,793

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

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 BONSALE, 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.

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.
JOHN SLUCK AND ANITA SLUCK FOUNDATION	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 TROOPS, INC.

** - ***4507

DISASBLED SPORTS	451 HUNGERFORD DR SUITE 608	12/31/18	
USA/WARFIGHTER SPORTS	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			<u>277,500.</u>

CA 199 NONCASH CONTRIBUTIONS STATEMENT 2
 INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VOLVIK USA INC.	9436 SOUTHRIDGE PARK COURT #400 ORLANDO, FL 32819		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
GOLF BALLS	05/01/18	13,658.	13,658.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CLUB CARLTON WOODS CREEKS	1 CARLTON WOODS CREEKSIDE SPRING, TX 77389		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
GOLF BAGS	06/01/18	16,500.	16,500.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TANDEM PRINTING	2970 LEXINGTON AVE S EAGAN, MN 55121		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
PRINTING	06/01/18	10,512.	10,512.

TOTAL INCLUDED ON LINE 3			<u>40,670.</u>
--------------------------	--	--	----------------

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
THOMAS GROOM 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	CHAIRMAN 5.00	0.
JEFF ANDERSON 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
TERRY BRANHAM 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
JOE BAER 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	SECRETARY 2.00	0.
LIZ DAPP 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
RONALD J. SCHUTZ 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
JEFF MORGAN 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
TIM WEGSCHEID 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	PRESIDENT/EXECUTIVE DIRECT 40.00	120,381.
JOE TESSMER 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	TREASURER 2.00	0.
JOHN KLINE 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		120,381.

CA 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
OTHER EVENT EXPENSE		144,366.	
MISCELLANEOUS		4,954.	
TELEPHONE/INTERNET/CABL		4,239.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		600,582.	
LEGAL FEES		550.	
ACCOUNTING FEES		11,559.	
ADVERTISING AND PROMOTION		5,977.	
OFFICE EXPENSES		10,562.	
INFORMATION TECHNOLOGY		24,168.	
TRAVEL		19,398.	
INSURANCE		8,933.	
TOTAL TO FORM 199, PART II, LINE 17		835,288.	

CA 199	NET NOTES RECEIVABLE	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET		166,053.	145,309.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		166,053.	145,309.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		63,904.	64,910.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		63,904.	64,910.

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		69,030.	41,415.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		69,030.	41,415.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN ** - *** 4507

Corporation name

California corporation number

TEE IT UP FOR THE TROOPS, INC.

8079415

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property descriptions. Includes columns for description, cost, and elected cost.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total election, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

CA 3885		DEPRECIATION				STATEMENT 8	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 3 IPADS	06/30/12	2,910.	2,910.	SL	5.00	0.	
2 LAPTOP	12/28/12	2,896.	2,896.	SL	5.00	0.	
3 IMPROVEMENTS	12/20/12	2,150.	715.	SL	15.00	143.	
4 ALUMA ENCLOSURE	11/15/12	11,012.	11,011.	SL	5.00	0.	
5 COMPUTER SERVER	10/22/13	579.	483.	SL	5.00	96.	
6 KITCHEN CABINETS & COUNTERTOPS	09/17/13	2,000.	1,700.	SL	5.00	300.	
7 CABINETS FOR OFFICE	03/31/13	3,939.	3,743.	SL	5.00	196.	
8 HP LAPTOP	01/01/14	675.	560.	SL	5.00	78.	
9 HP ENVY LAPTOP	04/21/15	958.	511.	SL	5.00	191.	
10 TIM'S HP PROBOOK	06/02/17	981.	114.	SL	5.00	196.	
11 KELLY'S HP LAPTOP	07/13/17	938.	94.	SL	5.00	188.	
12 LAPTOP	10/10/18	702.		SL	5.00	35.	
TOTAL TO FORM 3885		29,740.	24,737.			1,423.	

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 01/01/2018

& Ending 12/31/2018
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # **** - *** 4507**

Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____

LEGAL NAME TEE IT UP FOR THE TROOPS, INC.	Year-end amounts	
MAIL ADDRESS 515 WEST TRAVELERS TRAIL	A) ASSETS	A) \$ 631,736.
CITY, STATE BURNSVILLE, MN	B) LIABILITIES	B) \$ 212,437.
ZIP CODE 55337	C) NET ASSETS	C) \$ 419,299.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.755%	D) \$ 2,206,102.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	0.245%	F) \$ 5,419.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,211,521.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	36.797%	H) \$ 826,211.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
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.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.864%	L) \$ 1,927,921.
M) MANAGEMENT AND GENERAL EXPENSE	3.884%	M) \$ 87,208.
N) FUNDRAISING EXPENSE	10.252%	N) \$ 230,187.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 2,245,316.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
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) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: SUPPORT THE FALLEN AND DISABLED ARMED FORCES		W) # 300
X) DESCRIPTION:		X) #
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>WELLS FARGO - PO BOX 63020, SAN FRANCISCO, CA 94163</u>		
<u>WELLS FARGO - PO BOX 6995 PORTLAND, OR 97228-6995</u>		
<u>TD BANK - 382 STATE HIGHWAY 23, FRANKLIN, NJ, 07416</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>TIM WEGSCHEID - (952)646-2490</u>		

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 or TRUSTEE (PRINT NAME) SIGNATURE DATE

THOMAS GROOM

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

TODD PLADSEN, CPA

PREPARER (PRINT NAME) SIGNATURE DATE

Mail To:

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

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization TEE IT UP FOR THE TROOPS, INC.

Federal EIN: ** - *** 4507

Fiscal Year-End: 12312018
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>TIM WEGSCHEID</u> Contact Person <u>515 WEST TRAVELERS TRAIL</u> Street Address <u>BURNSVILLE, MN 55337</u> City, State, and ZIP Code <u>952-646-2490</u> Phone Number <u>JODI@TEEITUPFORTHETROOPS.ORG</u> Email Address	Physical Address: <u>TIM WEGSCHEID</u> Contact Person <u>515 WEST TRAVELERS TRAIL</u> Street Address <u>BURNSVILLE, MN 55337</u> City, State, and ZIP Code <u>952-646-2490</u> Phone Number <u>JODI@TEEITUPFORTHETROOPS.ORG</u> Email Address
---	--

1. Organization's website: WWW.TEEITUPFORTHETROOPS.COM

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 582,338.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

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 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

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.

INCOME

1. Contributions Received	\$	<u>1,605,520.</u>	1
2. Government Grants	\$	<u> </u>	2
3. Program Service Revenue	\$	<u> </u>	3
4. Other Revenue	\$	<u>5,419.</u>	4
5. TOTAL INCOME	\$	<u>1,610,939.</u>	5

EXPENSES

6. Program Expenses	\$	<u>1,327,339.</u>	6
7. Management & General Expenses	\$	<u>87,208.</u>	7
8. Fund-raising Expenses	\$	<u>230,187.</u>	8
9. TOTAL EXPENSES	\$	<u>1,644,734.</u>	9
10. EXCESS or DEFICIT	\$	<u>-33,795.</u>	10
(Line 5 minus Line 9)			

ASSETS

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

LIABILITIES

15. Accounts Payable	\$	<u>115,775.</u>	15
16. Grants Payable	\$	<u>55,247.</u>	16
17. Other Liabilities	\$	<u>41,415.</u>	17
18. TOTAL LIABILITIES	\$	<u>212,437.</u>	18

FUND BALANCE/NET WORTH

	\$	<u>419,299.</u>	
(Line 14 minus Line 18)			

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

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.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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):				
a. Management				
b. Legal	550.	550.		
c. Accounting	11,559.	971.	10,588.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. 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				
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 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. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. OTHER EVENT EXPENSE	144,366.	101,944.	22,025.	20,397.
b. MISCELLANEOUS	4,954.	563.	4,261.	130.
c. TELEPHONE/ INTERNET/ CABL	4,239.	1,102.	636.	2,501.
d.				
25. Total functional expenses. Add lines 1 through 24d	1,644,734.	1,327,339.	87,208.	230,187.
26. Joint costs. Check here <input type="checkbox"/> 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				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

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 acknowledge 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, Trustees, or Managing Group) adopted on the 15TH

day of NOVEMBER, 2019, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

TIM WEGSCHEID
Name (Print)

THOMAS GROOM
Name (Print)

Signature

Signature

PRESIDENT
Title

CHAIRMAN
Title

Date

Date