

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

Do not enter social security numbers on this form, as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
WAYPOINT VETS INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
364 VIEW RIDGE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
GOODLETTSVILLE TN 37072

D Employer identification number
83-4535965

E Telephone number
(615) 669-6155

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

H Check ☒ if the organization is not required to attach Schedule B (Form 990).

I Website: WWW.WAYPOINTVETS.ORG

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) () (insert no.) 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 157,293

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	157,293
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157,293	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	138
	16	Other expenses (describe in Schedule O)	16	128,102
	17	Total expenses. Add lines 10 through 16	17	128,240
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	29,053
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,744
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,797

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed: TN		
42a The organization's books are in care of: SEE ATTACHMENT Telephone no. Located at: ZIP + 4		
b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes	No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Yes	No
	X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Yes	No
	X

49a Did the organization make any transfers to an exempt non-charitable related organization?

Yes	No
	X

b If "Yes," was the related organization a section 527 organization?

Yes	No
	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes	No
	X

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 SARAH LEE		Date PRESIDENT		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN RODRIGUEZ	Preparer's signature JOHN RODRIGUEZ	Date 05-22-2023	Check <input type="checkbox"/> if self-employed	PTIN P01280629
	Firm's name HRB TAX GROUP INC			Firm's EIN 431871840	
	Firm's address BLDG 38200 3RD AVE			Phone no. 706-793-1956	

May the IRS discuss this return with the preparer shown above? See instructions

Yes	No
X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

WAYPOINT VETS INC

Employer identification number

83-4535965

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			25,129	92,711	157,293	275,133
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						
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.			25,129	92,711	157,293	275,133
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) ..						275,133

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6			25,129	92,711	157,293	275,133
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 on 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.) ..			25,129	92,711	157,293	275,133

14 **First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a **33¹/₃ % support tests -- 2022.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃ %, and line 17 is not more than 33¹/₃ %, check this box and **stop here**. The organization qualifies as a publicly supported organization**b** **33¹/₃ % support tests -- 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃ %, and line 18 is not more than 33¹/₃ %, 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

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

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Name of the organization

WAYPOINT VETS INC

Employer identification number

83-4535965

PART 1 LINE 16 - ALL EXPENSES WERE DIRECTLY RELATED TO PROGRAM
SERVICES.

2022 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization

WAYPOINT VETS INC

Employer Identification Number

83-4535965

Primary Purpose

WAYPOINT VETS IS A 501C3 WITH THE MISSION OF UNITING AND EMPOWERING VETERANS THROUGH ACTIVITIES AND ADVENTURE. COMPRISED OF VOLUNTEERS WITH A PASSION TO SERVE. WE ARE ACTIVELY COMBATING PTSD, MST, AND OUR VETERAN SUICIDE RATE. WE COMBINE MENTAL HEALTH AND PHYSICAL INTENSITY WITH THE STILLNESS AND BEAUTY OF NATURE TO PROVIDE LASTING HEALING AND CLARITY TO MILITARY VETERANS AT NO COST. THE HEARTBEAT OF OUR MISSION AND MESSAGE IS TO HONOR OUR FALLEN BY LIVING AND BY TAKING BACK OUR HEALTH AND HAPPINESS TOGETHER.

2022 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization

WAYPOINT VETS INC

Employer Identification Number

83-4535965

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

128,240

Exempt Purpose Achievements

2022: EXECUTED 9 NATIONAL ADVENTURES, 15 TEAM MEMBERS, EXPANDED GEAR & INVENTORY, 150 VETERANS SERVED IN OVER 30 STATES TOTAL. \$157,293.46 RAISED AND \$128,239.97 SPENT

2022 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization

WAYPOINT VETS INC

Employer Identification Number

83-4535965

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
SARAH LEE PRESIDENT	45.00	0	0	0
JONATHAN BELL TREASURER	25.00	0	0	0
JACQUELINE WILDER SECRETARY	20.00	0	0	0
LORE HARMON OPERATIONS MANAGER	25.00	0	0	0

2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2022, or tax period beginning

, and ending

Name of Organization

WAYPOINT VETS INC

Employer Identification Number

83-4535965

Part V - Line 42a

Individual Name JONATHAN BELL

or

Business Name:

Street Address 364 VIEW RIDGE DRIVE

U.S. Address:

Zip code 37072

City GOODLETTSVILLE

State TN

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (615) 669-6155

Fax Number

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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WAYPOINT VETS INC

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83-4535965

PART 1 LINE 16 - ALL EXPENSES WERE DIRECTLY RELATED TO PROGRAM
SERVICES.

2022 DETAIL STATEMENTSWAYPOINT VETS INC
83-4535965

PAGE 1

STATEMENT #1 - CONTRIBUTIONS AND GRANTS (990-EO PG 1 LINE 8)

FACEBOOK DONATIONS.....	16,589
CHECKS/CASH DONATIONS.....	35,904
SQUARE.....	1,035
STRIPE.....	3,710
VENMO.....	152
WEPAY/GOFUNDME.....	10,321
PAYPAL.....	4,800
SPONSOR CONTRIBUTIONS.....	20,200

TOTAL CARRIED TO 990-EO PG 1 LINE 8.....	92,711
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STATEMENT #2 - OTHER EXPENSES (990-EO PG 1 LINE 17)

GEAR.....	13,058
PROGRAM MATERIALS.....	2,852
TRIP SUPPLIES.....	6,002
MISC.....	205
MERCHANDISE.....	6,800
FILING.....	100
AIRLINE.....	6,770
VEHICLE RENTAL.....	3,623
INSURANCE.....	1,416
LODGING.....	12,866
PROGRAM EVENTS.....	3,199
DIGITAL.....	372
MERCHANDISE.....	278
SHIPPING.....	40
GAS.....	623

TOTAL CARRIED TO 990-EO PG 1 LINE 17.....	58,204
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STATEMENT #3 - PROFESSIONAL FUNDRAISING FEES (990-EO PG 1 LINE 16A)

MARKETING.....	3,747
VOLUNTEER EXPENSES.....	248
FUNDRAISING EXPENSES.....	4,106
MEMBERSHIPS.....	377

TOTAL CARRIED TO 990-EO PG 1 LINE 16A.....	8,478
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STATEMENT #4 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

CHECK/CASH.....	34,285
FACEBOOK.....	11,760
STRIPE.....	5,097
PAYPAL.....	2,999

2022 DETAIL STATEMENTSWAYPOINT VETS INC
83-4535965

PAGE 2

SQUARE.....	1,153
HOT SHOT SECRET.....	50,000
VETERANS IN TRUCKING.....	25,000
ROUGHNECK.....	17,000
AMVETS.....	10,000

TOTAL CARRIED TO 990-EO PG 9 LINE 1F.....	157,294
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STATEMENT #5 - OTHER (990 EO PG 10 LINE 11G(A))

AIRFARE TO FUNCTIONS.....	25,195
VEHICLE RENTAL FOR EVENTS.....	12,155
GAS FOR RENTAL VEHICLES.....	4,642
LODGING FOR ACTIVITIES.....	33,236
PROGRAM EVENTS.....	10,827
DIGITAL EXPENSES.....	2,173
MEMEBERSHIPS.....	635
MISC.....	51
TRIP SUPPLIES.....	10,853
GEAR.....	6,360
MERCHANDISE.....	3,834
INSURANCE.....	3,799
PROGRAM MATERIALS.....	2,152
EVENT REGISTRATION FEES.....	1,944
ADMIN EXPENSES.....	756
VOLUNTEER EXPENSES.....	763
AMAZON.....	350
SHIPPING EXPENSE.....	138
FILING.....	51

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A).....	119,914
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