			** PUBLIC DISCLOSURE CO					
	0	00	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047		
Forn	n Y	98	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			s) 2021		
			Do not enter social security numbers on this form a					
Depar Intern	tment of al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and		•••••••••••••••••••••••••••••••••••••••	Open to Public Inspection		
				ending				
			f organization	<u>_</u>	D Employer identific	ation number		
ap	heck if oplicab	le:						
	Addre	TEAM	RED WHITE & BLUE, INC					
	Name		usiness as		27-219634	17		
	Initial			Room/suite	E Telephone number			
	Final	100	14TH STREET NW	nuoni/suite	502 - 930 - 8401			
	Listerni/ termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$							
	Amen return		NTA, GA 30318		H(a) Is this a group re	<u>6,192,981.</u>		
_	Applie tion		nd address of principal officer: LAKEN STUTZMAN		for subordinates			
	pendi		AS C ABOVE		H(b) Are all subordinates in			
I T	ax-ex	empt status:		or 527		list. See instructions		
			TEAMRWB.ORG		H(c) Group exemption			
			X Corporation Trust Association Other	I Vear		State of legal domicile: MI		
	rt I	Summary				State of legal dominine. 111		
	1		e the organization's mission or most significant activities: TEAM	RWB'S	MISSION IS	TO ENDICH		
e			S' LIVES BY FORGING AMERICA'S LEAD					
Activities & Governance	2		x b if the organization discontinued its operations or dispos					
ver	3					8		
ß	4		lependent voting members of the governing body (Part VI, Inte Pa)			8		
°ŏ ⊘	5		of individuals employed in calendar year 2021 (Part V, line 2a)			30		
itie	6		of volunteers (estimate if necessary)			1500		
÷			d business revenue from Part VIII, column (C), line 12			0.		
Ă			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)		5,581,805.	5,733,361.		
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.		
eve	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)		-39,284.	39,445.		
ñ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-160,454.	-73,031.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,382,067.	5,699,775.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,226,881.	2,560,564.		
oenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		Ο.	0.		
Expe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 🕨243,81	L3.				
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,377,159.	1,806,940.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,604,040.	4,367,504.		
	19	Revenue less	expenses. Subtract line 18 from line 12		1,778,027.	1,332,271.		
Les Ces				Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		4,349,721.	5,690,907.		
t As	21	Total liabilities	(Part X, line 26)		236,225.	76,341.		
			fund balances. Subtract line 21 from line 20		4,113,496.	5,614,566.		
	rt II	Signature						
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	corre	ct, and complete	Declaration of prepare wither than officer) is based on all information of wh	ich preparer				
			of officer		5/4/22			
Sign			0		Date			
Here	Э		N STUTZMAN, DIRECTOR OF FINANCE					
			print name and title		Data La -			
Deld		Print/Type pre		/ A \	Date Check	PTIN		
Paid			L. JONES	1000	5/02/22 self-employ			
Prep		Firm's name	STROTHMAN & COMPANY, P.S.C.		Firm's EIN 🕨	61-1191655		
Use	Uniy	Firm's address	▶ 325 W. MAIN ST. SÚITE 1600			00) 505 1600		
			LOUISVILLE, KY 40202-4251		Phone no. (5			
Мау	the I	RS discuss thi	s return with the preparer shown above? See instructions			X Yes No		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	00 (2021) TEAM RED WHITE & BLUE, INC 27-2196347 Page 2
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission:
	EAM RWB'S MISSION IS TO ENRICH VETERANS' LIVES BY FORGING AMERICA'S
	EADING VETERAN HEALTH AND WELLNESS COMMUNITY.
2	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?
	ior Form 990 or 990-EZ? X Yes No
3	id the organization cease conducting, or make significant changes in how it conducts, any program services?
5	"Yes," describe these changes on Schedule O.
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	venue, if any, for each program service reported.
4a	ode:) (Expenses \$1,754,732. including grants of \$) (Revenue \$)
	EAM RWB CHAPTER AND COMMUNITY PROGRAM (CCP). THE CCP IS DESIGNED TO
	ELCOME VETERANS TO TEAM RWB AND IMMEDIATELY GET THEM CONNECTED TO
	VENTS HAPPENING IN THEIR LOCAL AREA, WHILE FOCUSING EFFORTS TOWARD
	EALTH AND WELLNESS IMPROVEMENT. THE CCP DELIVERS LOCAL, CONSISTENT
	PPORTUNITIES FOR VETERANS AND THE COMMUNITY TO CONNECT THROUGH
	HYSICAL, SOCIAL AND VOLUNTEER SERVICE ACTIVITY. THESE ACTIVITIES,
	OSTED OR FACILITATED BY OUR CHAPTERS, ARE AT THE CORE OF TEAM RWB'S ISSION, AS MEMBER ENGAGEMENT IS DIRECTLY CORRELATED TO MEMBER
	NRICHMENT AND WELLNESS. TEAM RWB FINISHED 2021 WITH OVER 200,000
	EMBERS, NEARLY 20,000 EVENTS HOSTED AND 192 CHAPTERS.
4b	ode:) (Expenses \$511,708. including grants of \$) (Revenue \$)
	EAM RWB NATIONAL AND SPECIAL EVENTS TEAM RWB HOSTS SEVERAL NATIONAL
	VENTS EACH YEAR. THESE EVENTS ARE AIMED AT JOINING INDIVIDUAL MEMBERS,
	EADERS, CHAPTERS, AND COMMUNITIES TOGETHER ACROSS THE NATION TO
	ARTICIPATE IN A SINGULAR EVENT TOGETHER. THESE EVENTS INCLUDE WOD FOR
	ARRIORS, EAGLE NAMASDAY, TAKE FLIGHT, THE 1776 CHALLENGE, THE OLD
	LORY RELAY, AND SEVERAL OTHER EVENTS HELD AT BOTH THE LOCAL AND ATIONAL LEVELS. CHAPTERS ARE ENCOURAGED TO COME TOGETHER, ALL
	ATTOMAL DEVELS: CHAFTERS ARE ENCOURAGED TO COME TOGETHER, ADD ARTICIPATING SIMULTANEOUSLY, TO JOIN FORCES ACROSS THE NATION IN THE
	AME OF OUR NATION'S VETERANS. THESE EVENTS NOT ONLY RAISE AWARENESS
	OR OUR MISSION, BUT ALSO ENCOURAGE VETERANS TO PARTICIPATE WITHIN THE
	RGANIZATION AT A HIGHER LEVEL AND GROW MORE CONNECTED TO OUR RWB
	OMMUNITY.
4c	ode:) (Expenses \$379,328. including grants of \$) (Revenue \$)
	EAM RWB EAGLE EXPEDITIONS - THIS WAS THE FIRST YEAR TEAM RWB LAUNCHED
	AGLE EXPEDITIONS. TEAM RWB MEMBERS FROM ACROSS THE NATION WERE
	ELECTED TO PARTICIPATE IN EPIC EXPEDITIONS THAT INCLUDED RUNNING THE
	RAND CANYON RIM TO RIM, BACKCOUNTRY HIKING IN THE ADIRONDACKS,
	ANOEING IN THE BOUNDARY WATERS OF NORTHERN MINNESOTA, FISHING AND
	IKING IN REMOTE ALASKA AND MORE. ALL EAGLE EXPEDITIONS COME WITH
	XTENSIVE TRAINING PLANS FOR PARTICIPANTS, INCLUDING ACCOUNTABILITY AND NCOURAGEMENT THROUGH THE MOBILE APP, AND ALLOWS MEMBERS TO PUSH
	HEMSELVES, BOTH MENTALLY AND PHYSICALLY, TO ACCOMPLISH AN ENORMOUS
	HALLENGE. EXPEDITIONS HAVE ADDED ANOTHER LAYER TO THE GOAL OF BUILDING
	HE NATION'S LEADING VETERAN HEALTH AND WELLNESS COMMUNITY.

4d	Other program services (Describe on Scl	iedule O.)		
	(Expenses \$ 923, 361.	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	3,569,129.		

Form	aan	(2021)
	330	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		X

Form 990 (2021)

Form	990	(2021)
	330	(2021)

TEAM RED WHITE & BLUE, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2021) TEAM RED WHITE & BLUE, INC 27-2196	347	P	age 5
Par	t 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 30			
h	, , , , ,	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	- 73	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	0.0		
	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:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

132005 12-09-21

Jar	t١	V	
	•	•	

Form 990 (2021)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X				
6	Did the organization have members or stockholders?	6		X				
7a	a 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?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	_ <u>10a</u>	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	· · · · · · · · · · · · · · · · · · ·							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12 b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
	on Schedule O how this was done	120	X	x				
13	Did the organization have a written whistleblower policy?			X				
14	Did the organization have a written document retention and destruction policy?	. 14						
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?							
_		150		x				
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	<u>15a</u> 15b		X				
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
iou	taxable entity during the year?	16a		x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright KY$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finar	ncial					
	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							
	LAKEN STUTZMAN, DIRECTOR OF FINANCE - (502) 930-8401							
	198 14TH STREET NW , ATLANTA, GA 30318							

Form 990 (2021) TEAM REI	WHITE & BLUE, INC	27-2196347	Page 7						
Part VII Compensation of Officers,	Directors, Trustees, Key Em	ployees, Highest Compensated							
Employees, and Independent Contractors									
Check if Schedule O contains a res	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Ke	y Employees, and Highest Compens	sated Employees							
1a. Complete this table for all persons required to be listed. Benort compensation for the calendar year ending with or within the organization's tax year									

able 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)		2411	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more box, unless person officer and a direct			ore than one on is both an		compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN PINTER	50.00							100.000	<u> </u>	1 (11)
DEPUTY DIRECTOR		Х		X				108,083.	0.	16,113.
(2) MARK MACNAMARA	50.00							100 210	0	14 100
DIRECTOR OF TECHNOLOGY						X		106,317.	0.	14,100.
(3) MIKE ERWIN	50.00	v		v				111 222	0	220
EXECUTIVE DIRECTOR (4) LAKEN STUTZMAN	50.00	Х		X				114,333.	0.	320.
DIRECTOR OF FINANCE	50.00			x				95,375.	0.	16,113.
(5) BRETT SANPIETRO	50.00			<u> </u>				35,575.	0.	10,113.
DIRECTOR OF OPERATIONS	30.00					x		100,767.	0.	7,403.
(6) DOUGLAS MCCORMICK	2.00					11		2007/07/0		//1000
CHAIRMAN OF THE BOARD		х		x				0.	0.	0.
(7) JOYCE JELKS	8.00									
BOARD MEMBER		х						0.	0.	0.
(8) COLEMAN RUIZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JAMES FIICKE, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MEL PARKER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PAUL BELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TOBY JOHNSON	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) JANNELL MACAULEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
						-				
		-								
						-				<u> </u>
	L	1				1	I		1	Gauss 990 (0001)

Form	990 (2021)	TEAM RED	WHITE &	εE	BLU	ΓE,	I	.NC			27-21	9634	.7	Page 8
Par	t VII _{Sect}	ion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
		(A)	(B)		,		C)	•		(D)	(E)		(=)
		Name and title	Average			Pos		า		Reportable	Reportable		Estin	
		Name and the	hours per					than o is both		compensation	compensation			unt of
			week					or/trus		from	from related			her
			(list any	tor						the	organizations			nsation
			hours for	Individual trustee or director						organization	(W-2/1099-MISC		•	the
			related	e or (tee			sated		(W-2/1099-MISC/	1099-NEC)			zation
			organizations	ruste	Institutional trustee		ee	Highest compensated employee		1099-NEC)	1000 (100)		•	elated
			below	ual t	tiona		ploy	vee vee	_	· ·				zations
			line)	divid	stitu	Officer	Key employee	ghes	Former				n gai na	Lations
				-	드	9	Å	포동	윤			-+		
				-										
								-						
												-+		
16	Subtotal				L					524,875.		0.	54	049.
										0.		0.	51,	0.0
		continuation sheets to Part V											F 4	
d		lines 1b and 1c)								524,875.		0.	54,	049.
2	Total numb	per of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
	compensat	tion from the organization												4
													Y	es No
3	Did the orc	anization list any former officer	director trust	ee k		mnl	ove	e or	hia	hest compensated empl	ovee on			
Ŭ								,	0	, , ,	,			x
		"Yes," complete Schedule J for s										🛏	3	
4		lividual listed on line 1a, is the su												
	and related	l organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		卢	1	<u> </u>
5	Did any pe	rson listed on line 1a receive or a	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	lual for services			
	rendered to	o the organization? <i>If</i> "Yes." con	nplete Schedule	e J f	or sı	ich i	bers	on .				! !	5	X
Sec		pendent Contractors												
1	Complete t	his table for your five highest co	mnensated inc	lono	nder	nt co	ontre	actor	re th	nat received more than \$	100 000 of comp	nsatior	from	
•	•	, .	•	•							•	isation	i ii Oili	
	the organiz	ation. Report compensation for	the calendar ye	ear e	enair	ig w	ith C	or wi	<u>tnin</u>		ear.			
		(A)			~ ~ ~ ~	_				(B)		0.00	(C)	
		Name and business	address	N	ONE	5				Description of s	ervices		pensa	ation
	Total must	or of independent contractors /		ot liv		4.	+6	a lie	+'		we then			
2		per of independent contractors (i		ur IIr	mee	10			red	above) who received mo				
	\$100.000 c	of compensation from the organi	zation 🕨				(,						

	n 990 (2			IITE & BLUE,	, INC		27-2196	347 Page 9
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a respo	onse or note to any line			(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								sections 512 - 514
ants ints	1 a ⊾	Federated campaigns						
Dot.	u o	Membership dues Fundraising events		860,938.				
fts, r Ai	с А	Related organizations						
i, Gi nila	e	Government grants (contr		655,695.				
ons Sir	f	All other contributions, gifts,		,				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included	-	4,216,728.				
ntril d O	g	Noncash contributions included in						
and	h	Total. Add lines 1a-1f			5,733,361.			
				Business Code				
e	2 a							
ervi	b							
n Sí	С							
Program Service Revenue	d							
roç	e	All 11						
ш	•	All other program service						
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ						
	5	other similar amounts)			54,885.			54,885.
	4	Income from investment of						
	5	Royalties	-	-				
			(i) Rea	l (ii) Personal				
	6 a	Gross rents	6a 12,00					
	b Less: rental expenses 6b 0.							
	С	Rental income or (loss)	6c 12,00	0.		10.000		
		Net rental income or (loss			12,000.	12,000.		
	7 a	Gross amount from sales of	(i) Securit	ties (ii) Other				
		assets other than inventory	7a					
ø	D	Less: cost or other basis	7b	15,440.				
venue	~	and sales expenses Gain or (loss)	70 7c	-15,440.				
		Net gain or (loss)			-15,440.			-15,440.
Other Re		Gross income from fundraisi						
oth	-		,938. of					
		contributions reported on						
		Part IV, line 18		8a122,985.				
		Less: direct expenses		8b221,088.				
		Net income or (loss) from	•		-98,103.			-98,103.
	9 a	Gross income from gamin	-					
		Part IV, line 19		9a				
		Less: direct expenses		96				
		Net income or (loss) from Gross sales of inventory, I		s Þ				
	10 a	and allowances		10a269,750.				
	b	Less: cost of goods sold		10b256,678.				
		Net income or (loss) from		· · · ·	13,072.	13,072.		
				Business Code				
sno	11 a							
ane	b							
Miscellaneous Revenue	С							
Mis	d	All other revenue						
		Total. Add lines 11a-11d			5,699,775.	25,072.	0.	-58,658.
	12	Total revenue. See instruction		🕨	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I V•	

Form 990 (2021)

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 respons not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	350,338.	271,337.	51,824.	27,177
3	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	2,002,745.	1,544,631.	303,669.	154,445
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	207,481.	167,192.	23,282.	17,007
)	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	29,982.		29,982.	
d	Lobbying				
е	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 0.)	70,371.		70,371.	
2	Advertising and promotion	68,241.	68,241.		
3	Office expenses	9,532.	7,562.	1,970.	
ŀ	Information technology	364,866.	364,866.		
5	Royalties				
;	Occupancy	104,342.	95,899.	8,443.	
	Travel	83,294.	80,270.	1,795.	1,229
	Payments of travel or entertainment expenses		-		-
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	4,893.		4,893.	
)	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	367,725.	282,703.	58,263.	26,759
	Insurance			· ·	•
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MERCHANDISE OPERATIONS	211,072.	211,072.		
b	OUTREACH	193,710.	193,710.		
č	CHAPTER SUPPORT	143,347.	143,347.		
d	EAGLE EXPEDITIONS AND C	138,299.	138,299.		
	All other expenses	17,266.		70.	17,190
C	Total functional expenses. Add lines 1 through 24e	4,367,504.	3,569,129.	554,562.	243,81
	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)				

TEAM	RED	WHITE	&	BLUE,	INC

27-2196347 Page 11

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,835,998.	1	1,146,246.
	2	Savings and temporary cash investments			6,105.	2	6,645.
	3	Pledges and grants receivable, net	0.	3	37,500.		
	4	Accounts receivable, net			8,924.	4	0.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			321,228.	8	411,850.
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	132,371.			
	b	Less: accumulated depreciation			102,449.	10c	97,862.
	11	Investments - publicly traded securities			970,742.	11	97,862. 2,694,426.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			1,104,275.	14	1,296,378.
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,349,721.	16	5,690,907.
	17	Accounts payable and accrued expenses			236,225.	17	5,690,907. 76,341.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			236,225.	26	76,341.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			3,813,752.	27	5,299,833.
Ba	28	Net assets with donor restrictions		<u></u> L	299,744.	28	314,733.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 📃			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	t fund		30		
t As	31	Retained earnings, endowment, accumulated in			31		
Net	32	Total net assets or fund balances		L	4,113,496.	32	5,614,566.
	33	Total liabilities and net assets/fund balances			4,349,721.	33	<u>5,690,907.</u>

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Form	990	(202)
	550	

Form	1990 (2021) TEAM RED WHITE & BLUE, INC	27-23	96347	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,699		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,367	7,50	04.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,332	2,2'	<u>71.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,113	3,49	96.
5	Net unrealized gains (losses) on investments	5	168	3,7 <u>9</u>	<u>99.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,614	1,50	<u>56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			37
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

I.

Name of the organization

Nam	lame of the organization Employer identification number								
		TEAM	RED WHITE	& BLUE, INC				2	7-2196347
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck 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 secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	Х	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	e general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	e or
		university:							
10		An organization that normal							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	π er June 30, 1975.
		See section 509(a)(2). (Cor		volute test for public est	inter Can	nontion EC	0(-)(4)		
11		An organization organized a	•						numeros of one or
12		An organization organized a more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	•••					-	aivina
u	L	the supported organization	-	-	•	-			
		organization. You must c			majonty o				pporting
b		Type II. A supporting orga	-		ion with its	s supporte	d organizatior	n(s) by hay	vina
~	L	control or management o	-				-		•
		organization(s). You mus)	
с] Type III functionally inte	-		in connect	ion with. a	nd functional	v integrate	ed with.
	-	its supported organization						, ,	
d] Type III non-functionally						ted organiz	zation(s)
		that is not functionally inte		• • •				-	
		requirement (see instructi			•				
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
									1

Cob		EAM RED W	ידידי ג איזידי	TE INC		27-219	6347 Page 2
	edule A (Form 990) 2021 T rt II Support Schedule for (Organizations	Described in	Sections 170(b	o)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked						
	fails to qualify under the tests				, and to quanty o		e.gam_anon
Sec	tion A. Public Support	· ·	•				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(.,	() =		(-,	()
	membership fees received. (Do not						
	include any "unusual grants.")	7567222.	5949489.	4314598.	5581805.	5733361.	29146475.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7567222.	5949489.	4314598.	5581805.	5733361.	29146475.
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)						7917344. 21229131.
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						21229131.
		(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017 7567222.	(b) 2018 5949489.	(c) 2019 4314598.	(d)2020 5581805.	(e) 2021	(f) Total 29146475.
	Gross income from interest,	1301222.	5545405.	4314330.	5561665.	37333011	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,150.	18,169.	49,237.	34,313.	66,885.	180,754.
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.)	199.	376.				575.
11	Total support. Add lines 7 through 10						29327804.
12	Gross receipts from related activities,		,			12	755,868.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
14	Public support percentage for 2021 (I		•	olumn (f))			72.39 %
15	Public support percentage from 2020					15	71.93 %
1 6a	33 1/3% support test - 2021. If the c						
-	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	mes as a publicly s	upported organiza				▶∟

17a 10% -facts-and-circumstances test - 2021. 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 b 10% -facts-and-circumstances test - 2020. 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 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

Schedule A (Form 990) 2021

%

%

►L

20	Ρ	riva	te i
132023	3	01-04	-22

-			٠	•••	•	٠	•	•••	٠	•	• •	•	٠	•		٠	• •		٠	•					_	
	Sc	h	e	с	l	u	l	e	,	ŀ	١	(F		0	P	'n	r	ı	9	9	0)	2	20	2	1

 Schedule A (Form 990) 2021
 TEAM RED WHITE & BLUE, INC

 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.)

Se	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		-	•	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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.)	L					
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organi	zation,
_							
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar						he 17 is not ►
k	33 1/3% support tests - 2020. If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

TEAM RED WHITE & BLUE, INC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021 TEAM RED WHITE & BLUE, INC Part IV Supporting Organizations (continued)

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustops at all times during the tax you? If the describe in Part VI have the supported organization (a)			

	an electrice, or tradeed at an times during the tax year: 11 No, describe 11 art vi now 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 officers, 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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

Supervised			y organization.	
Section C. T	ype II Supp	porting Org	anizations	

 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).
 1

Section D	. All Typ	e III Sup	porting	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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method th	hat the organization used to satisfy	, the Integral Part Test durin	a the year (see instructions).
-				

- **a** The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" *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.*

Yes No

chedule A (Form 990) 2021 TEAM RED WHITE			27-2196347 _{Pag}
Part V Type III Non-Functionally Integrated 509(a)			
1 Check here if the organization satisfied the Integral Part		,	Part VI). See instruction
All other Type III non-functionally integrated supporting o	ganizations must complete	Sections A through E.	
ection 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 of	r		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see ins	tructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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):			
 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 0.015 of line 3 (for gre	ater amount,		
see instructions).	4		

5

6

7

8

1

2

3

4 5

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

2 Enter 0.85 of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

6

7

8

4

5

Schedule A (Form 990) 2021

Current Year

	(Form 990) 2021 Type III Non-Function
Part V	Type III Non-Function

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive)					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	1		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$		-					
	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
<u>e</u>	Excess from 2021		1					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	TEAM R	ED WHIT	E & I	BLUE,	INC		27-2196347	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	vide the expla , 4c, 5a, 6, 9a, Part IV, Sectio	nations 1 9b, 9c, ⁻ on E, lines	required b 11a, 11b, s 1c, 2a, 2	by Part II, line 1 and 11c; Part 2b, 3a, and 3b	0; Part II, line 17a o IV, Section B, lines ⁻ ; Part V, line 1; Part V s part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	TEAM RED WHITE & BLUE, INC	27-2196347
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 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

X 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), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

123452 11-11-21

6

	3 (Form 990) (2021)			Pag				
Name of or	rganization		Employ	ver identification numbe				
	RED WHITE & BLUE, INC		27	-2196347				
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution				
<u> 1</u>		\$1,500,00	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b) Name, address, and ZIP + 4	(c)		(d) Type of contribution				
<u>No.</u>	2		_ \$655,695.		\$ <u>655,695.</u>		Pers	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne -	(d) Type of contribution				
3		\$350,00		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution				
4		\$250,00	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	າຣ	(d) Type of contribution				
5		\$200,00	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution				

150,012.

\$

X

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Page 2

123452 11-11-21

Schedule	B (Form 990) (2021)			Pag
Name of c	organization		Emplo	yer identification numbe
TEAM	RED WHITE & BLUE, INC		27	-2196347
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
7		\$150,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
8		\$150,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne	(d) Type of contribution
9		\$145,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$200,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

27-2196347

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(2)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.	(b)	\$(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

TEAM RED WHITE & BLUE, INC

Name of organization

Part II

(a)

Schedule I	B (Form 990) (2021)		Page 4					
Name of o	rganization		Employer identification number					
TEAM I	RED WHITE & BLUE, INC		27-2196347					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations					
(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, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		() -						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Bo to www.irs.gov/Form990 for instructions and the latest inform					OMB No. 1545-0047	
lame of the organization	on TEAM RED WHITE & BI	JUE, INC		Employer id 27	dentificatio -21963	
	n answered "Yes" on Form 990, Part IV, line		s or Ac	counts. Co	omplete if tl	he
		(a) Donor advised funds	(k) Funds and	other accou	unts
1 Total number at er	ld of year					
	contributions to (during year)					
	grants from (during year)					
	end of year					
5 Did the organizatio	n inform all donors and donor advisors in w n's property, subject to the organization's e	•		-	Yes	No
	n inform all grantees, donors, and donor ac					
• •	oses and not for the benefit of the donor or			Γ	Yes	No
impermissible priva					163	

Fulpose(s) of conservation easements held by the organization (check all that a	ppiy).
Preservation of land for public use (for example, 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 con	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

а	Total number of conservation easements	2a				
b	Total acreage restricted by conservation easements	2b				
с	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 organ	ization 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?					
6						
	▶					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements 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)?					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the				
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	nce 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 FASB ASC 958, to report in its revenue statement and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1	▶ \$				
b	Assets included in Form 990, Part X	▶ \$				

b Assets included in Form 990, Part	Х
--	---

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

No

132051 10-28-21

Sche	dule D (Form 990) 2021 TEAM RE	D WHITE & 3	BLUE, IN	С				96347	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	t make sig	nificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	c	l 🗌 Loan or	exchange progra	am				
b	Scholarly research	e	e 🗌 Other_						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organizatio	on's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization'	s collection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organi	zation answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		-						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribu	tions or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	een provided on	Part XIII				
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" o	n Form 990, Part	IV, line 10).			
		(a) Current year	(b) Prior yea	ur (c) Two yea	rs back 🛛 🌔	d) Three ye	ears back	(e) Four y	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment								
с		%							
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	ld and administer	red for the	organiza	tion		
	by:	Ũ				0			Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1 ⁻	Ia. See Form 990	, Part X, lii	ne 10.			
	Description of property	(a) Cost or o basis (investr	• • •	Cost or other asis (other)		cumulate reciation	d	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements			110,494.		19,34	7.	91	,147.
	Equipment			21,877.		15,16			,715.
	Other			-					
-	. Add lines 1a through 1e. (Column (d) must e		X. column (B). li	ne 10c.)				97	,862.
	· · · ·								

Schedule D (Form 990) 2021

(1) Financial derivatives	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(2) Closely held equity interests	(1) Financial derivatives			
(3) Other				
(B)				
(B)	(A)			
(C) (D) (B) (D) (B) (D) (G) (D) (D)				
0 (b) (c) (c) (c) (c) </td <td></td> <td></td> <td></td> <td></td>				
[C] [C] [G] [G] [G]				
(F) (G) (G) (G) (H) (G) (F) (G) (G) (G) (F) (G) (G)				
(3) (4) (44) (5) (7) (6) (7) (7) (8) (9) (9) (1) (9) (1) (9) (1) (1) (1) (2) (1) (3) (1) (9) (1) (1) (1) (2) (1) (3) (1) (4) (1) (5) (1) (6) (1) (7) (1) (8) (1) (9) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (1) (2) (2) (3) (1) (1) (2) (3) (3) (4) (5) (6)				
(i) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (b) Book value (c) Method of valuation: Cost or end-of-year market value (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c)				
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) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (3) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (b) (c) (c) (c) (c) (d) (c) (c) (c) (c) (d) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c)				
Part IVIII 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 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) </td <td></td> <td></td> <td></td> <td></td>				
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 (2) (a) (b) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (b) (c)	Part VIII Investments - Program Belated.			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) (c) (on Form 990. Part IV. line '	11c. See Form 990. Part X. line 13.	
(1) Image: Constraint of the second sec				-of-vear market value
(2) (3) (4) (4) (5) (5) (6) (7) (8) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (1) (7) (2) (7) (3) (9) (1) (9) (2) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (1) (1) (1) (2) (2) (3) (1) (1) (2) (1) (3) (2) (4) (5) (5) (5) (6)	· · · · · ·			or your market value
(3)				
(4) (3) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) 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) (a) (b) Book value (1) (a) Description (2) (a) (3) (b) Book value (4) (c) (6) (c) (7) (c) (a) (c) (b) Book value (c) (c) (c) (c) (c) (a) (c) (b) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) Fort Sapilytion of liability (g) (b) <td></td> <td></td> <td></td> <td></td>				
(5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (1) (4) (5) (6) (1) (2) (2) (3) (2) (4) (2) (5) (6) (7) (1) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (3) (7) (3) (7) (4) (6) (5) (7) (2) (8) (9) (7) (2) (3) (3) (4) (4) (5) (6) (7) (2) (6) (4) (1) (2) (2) (3) (1) (1) (2) (2) (3)				
(6)				
(7) (8) (9)				
(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) (a) Description (2) (b) Book value (4) (c) (6) (c) (7) (c) (8) (c) (9) (c) 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 (b) Book value (1) Federal income taxes (c) (2) (c) (c) (a) Description of liability (b) Book value (1) Federal income taxes (c) (b) (c) (c) (6) (c) (c) (6) (c) (c) (6) (c) (c) (6) (c) (
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) (a) (2) (b) Book value (3) (c) (6) (c) (7) (c) (8) (c) (9) (c) 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. (b) Book value (1) Federal income taxes (c) (2) (a) Description of liability (b) Book value (1) Federal income taxes (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (6) (c) (c)				
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) (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) 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 (b) Book value (1) Federal income taxes (2) (c) (3) (c) (4) (c) (6) (c) (7) (c) (8) (c) (9) (c)				
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) (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) 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 (c) (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) <th(c)< th=""> <th(c)< th=""> (c)</th(c)<></th(c)<>				
(a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) 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 (1) Federal income taxes (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (8) (c) (9) (c)				
(1) (2) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) 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 (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) Federal income taxes	-		11d. See Form 990, Part X, line 15.	
(2) (3) (4) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (6) 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) (6) (7) (8) (9)		Description		(b) Book value
(3) (4) (5) (6) (6) (7) (8) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (7) 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 (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (6) (8) (9)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (6) (9) (7) 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 (1) Federal income taxes (b) Book value (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1)	(2)			
(5)	(3)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) 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)	(4)			
(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) (5) (6) (7) (8) (9) (9)	(5)			
(8)	(6)			
(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)	(7)			
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 (b) (2) (1) Federal income taxes (2) (3) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9)	(8)			
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 (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)	(9)			
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		9 15.)	····· •	
1. (a) Description of liability (b) Book value (1) Federal income taxes				
(1) Federal income taxes (2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9)	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (3) (4) (5) (6) (6) (7) (8) (9)	1. (a) Description of liability			(b) Book value
(3) (4) (4) (5) (6) (6) (7) (7) (8) (9)	(1) Federal income taxes			
(3) (4) (4) (5) (6) (6) (7) (7) (8) (9)	(2)			
(4) (5) (6) (6) (7) (7) (8) (7) (9) (7)				
(5) (6) (7) (7) (8) (8) (9) (9)				
(6) (7) (8) (8) (9) (9)				
(7) (8) (9)				
(8) (9) (9)				
(9)				
		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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

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.

Sche	dule D (Form 990) 2021 TEAM RED WHITE & BLUE, INC			27-	2196347 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	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	6,493,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	168,799.		
b	Donated services and use of facilities	2b	300,300.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	469,099.
3	Subtract line 2e from line 1			3	6,024,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-324,329.		
с	Add lines 4a and 4b			4c	-324,329.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	5,699,775.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
					4 000 400
1	Total expenses and losses per audited financial statements			1	4,992,133.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				4,992,133.
-	Total expenses and losses per audited financial statements		300,300.		4,992,133.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			4,992,133.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	300,300.		4,992,133.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	300,300.	 _2e	624,629.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	300,300.	-	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	300,300.	 _2e	624,629.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	300,300.	 _2e	624,629.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	300,300.	 _2e	624,629.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	300,300.	2e 3 4c	<u>624,629</u> . 4,367,504. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	300,300.	2e 3	624,629.

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 AND STATE INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION
FOR FEDERAL OR STATE INCOME TAXES IS REFLECTED IN THE ACCOMPANYING
FINANCIALS STATEMENTS. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME
DURING THE YEARS ENDED DECEMBER 31, 2021 AND 2020.
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE A COMPREHENSIVE MODEL
FOR HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS

FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ENTITY HAS TAKEN OR

EXPECTS TO TAKE ON A TAX RETURN. THE ORGANIZATION DETERMINED IT HAD NO

TAX POSITIONS AS OF DECEMBER 31, 2021 OR 2020. UNCERTAIN

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-221,088.
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	-15,440.
COST OF SALES	-87,801.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	221,088.
COST OF SALES	87,801.
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	15,440.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	324,329.

SCHEDULE G	Suppleme	ntal Informatio	on Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB N	lo. 1545-0047
(Form 990)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2	021
Department of the Treasury Internal Revenue Service	•		tach to Form 990							n to Public ection
Name of the organization		to WWW.Irs.gov/F	-orm990 for instri	uction	s and	the latest informati	on.	Employer	-	ation number
	TEAM RE	D WHITE &	BLUE, IN	С				27-219		
			rganization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ filers	are not
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and addres or entity (fund		(ii) Ac	stivity	have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	by) to (0	Amount paid or retained by) organization
				Yes	No					
Total					•					
3 List all states in whi or licensing.	ich the organizatio	n is registered or li	icensed to solicit c	contrib	utions	or has been notified	it is (exempt from	n registra	ition

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

Schedule G (Form 990) 2021

TEAM RED WHITE & BLUE, INC

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-FZ 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
			OLD GLORY			(add col. (a) through
			RELAY	TAJI 100	5	col. (c)
P			(event type)	(event type)	(total number)	
וובאבוותם	1	Gross receipts	542,884.	101,930.	339,109.	983,923
	2	Less: Contributions	542,884.	101,930.	216,124.	860,938
	3	Gross income (line 1 minus line 2)			122,985.	122,985
	4	Cash prizes				
	5	Noncash prizes				
חוובתו דעהבווזבי	6	Rent/facility costs				
	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses			221,088.	221,088
	10	Direct expense summary. Add lines 4 through		•	>	221,088
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-98,103
a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
				bingo/progressive bingo		col. (a) through col. (
Þ						
+	1	Gross revenue	<u> </u>			
,	2	Cash prizes				
	3	Noncash prizes				
חווברו באהבוואבא	4	Rent/facility costs				
וכ	_	Other direct eveness				
┥	5	Other direct expenses	Yes %	Yes %	Yes %	
	6					
	n	Volunteer labor				
		Volunteer labor Direct expense summary. Add lines 2 through			Þ	
	7	Direct expense summary. Add lines 2 through			▶	
			h 5 in column (d)			
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	h 5 in column (d)			
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:		►	
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	►	Yes N
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	►	Yes N
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	►	Yes N
a b	7 8 Ent Is t If "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	h 5 in column (d)	states?	▶	
a b a	7 Ent Is t If "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states? rminated during the tax y	▶	

Sch	nedule G (Form 990) 2021 TEAM RED WHITE & BLUE, INC 27-	21963	347	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u> </u>	Yes	No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 '	Yes	🗌 No
I	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
0	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	art III lina		b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III R	35 9, 8	, TUD,

Part IV	Supplemental Information	(continued)		

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(Fo	orm 990)	N						2021	
	ment of the Treasury I Revenue Service	Attach to Form 990).		n Form 990, Part IV, line I the latest information.	s 29 or 30		Open to Publi Inspection	c
Nam	e of the organizatior	1				E	mployer ider	ntification nur	nber
		TEAM RED WHI	TE & B	LUE, INC			27-2	2196347	
Pa	rt 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	nc	(d Method of d oncash contrib		6
1	Art - Works of art								
2		sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8	Intellectual propert	у							
9		y traded							
10		held stock							
11	Securities - Partner	rship, LLC, or							
12	Securities - Miscell	aneous							
13	Qualified conserva Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	ential							
16		nercial							
17									
18	Collectibles								
19									
20		supplies							
21	Taxidermy								
22									
23		ns							
24	Archeological artifa								
25	Other 🕨 (MI	ERCHANDISE A)	X	8	145,910).FAIF	NARKET	r value	
26	Other 🕨 (<u>G</u>	IFT CARDS	X	1	2,400).FAIF	MARKET	r value	
27	Other 🕨 ()							
28	Other 🕨 ()							
29		3283 received by the organi	-						
	for which the orga	nization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0 Yes	No
30a	During the year di	d the organization receive b	v contributio	n anv property rep	orted in Part I, lines 1 thro	ouah 28. th	nat it		
		ast three years from the date							
		or the entire holding period						30a	Х
b		he arrangement in Part II.	•						
31		tion have a gift acceptance	policy that re	equires the review (of any nonstandard contri	butions?		31	Х
	-	tion hire or use third parties			•				
JEC	contributions?			-				32a	х
b	If "Yes," describe i								

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) 2021

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.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

INC

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number 27-2196347

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELLNESS COMMUNITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TEAM RWB LAUNCHED EAGLE EXPEDITIONS. TEAM RWB MEMBERS FROM ACROSS THE

NATION ARE SELECTED TO PARTICIPATE IN EPIC EXPEDITIONS

TEAM RED WHITE & BLUE,

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

FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

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

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization TEAM RED WHITE & BLUE, INC	Employer identification number 27-2196347
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

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

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ACCOUNTING FIRM IS RECOMMENDED BY AND AUDIT COMITTEE OVERSEEN BY

THE DIRECTOR OF FINANCE. THE ENTIRE PROCESS IS MONITORED BY THE

FINANCE BOARD MEMBER.