## Form 330

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From income Tax

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

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

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

Open to Public Inspection

2015

A For the 2015 calendar		2015 calendaryear, or tax year beginning 01/01/2015 , 2015, and ending 1	12/31/2015	,20 15					
B Check if applicable:		plicable: C Name of organization D Em	D Employer identification number						
Address change		change VETSPORTSINC	46-0560244						
	Name cha	ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	E Telephone number						
	nitial retu	150 WORNINGSIDE DR SE	616-881-	6136					
	inal retur nended re	m/terminated City or town, state or province, country, and ZIP or foreign postal code F Gro	F Group Exemption						
		on pending GRAND RAPIDS, MI 49506 Nu	ımber ▶						
Annual Property		ing Method:   ☐ Cash ☐ Accrual Other (specify) ► H Check	► if the organ	nization is <b>not</b>					
I W	ebsite:	► WWW.VETSPORTS.ORG require	ed to attach Sch						
JTax	k-exem	pt status (checkonlyone)—   501(c)(3) □ 501(c)( ) ◄ (insertno.) □ 4947(a)(1) or □ 527 (Form	990, 990-EZ, or 9	990-PF).					
KF	orm of o	organization: Corporation Trust Association Other							
L A	dd lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II, column						
(B) b	elow) a	are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>						
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	for Part I)						
		Check if the organization used Schedule O to respond to any question in this Part I		🗸					
	1	Contributions, gifts, grants, and similar amounts received	1	151,518.56					
	2	Program service revenue including government fees and contracts	2	0					
	3	Membership dues and assessments	3	0					
	4	Investment income	4	0					
	5a	Gross amount from sale of assets other than inventory	0						
	b	Less: cost or other basis and sales expenses	0						
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0					
	6	Gaming and fundraising events							
	а								
ø		Gross income from gaming (attach Schedule Gif greater than \$15,000) 6a	0						
nu.	b	Gross income fromfundraising events(not including \$ 24,064 of contributions							
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum							
œ		of such gross income and contributions exceeds \$15,000) 6b	0						
	С	Less: direct expenses from gaming and fundraising events 6c	0						
	d								
		Net income or (loss) from gaming and fundraising events (add lines 6aand 6b and subtract line 6c) . 6d							
	7a	Gross sales of inventory, less returns and allowances	0						
	b	Less: cost of goods sold	0						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0					
			8	0					
	8	Other revenue (describe in Schedule O)	9	151,518.56					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8							
	10	Grants and similar amounts paid (list in Schedule O)	10	0					
	11	Benefits paid to or for members	11	0					
es S	12	Salaries, other compensation, and employee benefits	12	24,173.20					
Expenses	13	Professional fees and other payments to independent contractors	13	2,658.64					
ğ	14	Occupancy, rent, utilities, and maintenance	14	0					
Ш	15	Printing, publications, postage, and shipping	15	512.13					
	16	Other expenses (describe in Schedule O)	16	150,086					
	17	Total expenses. Add lines 10 through 16	17	177,430					
Net Assets	18	Excessor (deficit) for the year (Subtract line 17 from line 9)	18	(25,911)					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-							
		year figure reported on prior year's return)	19	45,263					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	6,504.25					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,851.5					

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Pa	rt II Balance Sheets (see the instructions for Pa	art II)				
	Check if the organization used Schedule O to	respond to any que	estion in this Part II			🗸
				(A)Beginning of year		(B)End of year
22	Cash, savings, and investments			47,040	22	19,851.5
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			47,040	25	19,851.5
26	Total liabilities (describe in Schedule O)			1,777	26	0
27	Net assets or fund balances (line 27 of column (B) n	nustagree with line 2		45,263	27	19,851.5
Par						
	Check if the organization used Schedule	O to respond to an	y question in this F	Part III 🗌	_	Expenses
What	is the organization's primary exempt purpose?	IMPROVE VETERANS	PHYSICAL AND MENT	AL HEALTH		quired for section 501(c) and 501(c)(4)
Dosc	ribe the organization's program service accomplish	ments for each of i	ts three largest prod	ram services as		anizations; optional for
	sured by expenses. In a clear and concise manner				oth	ers.)
	fited, and other relevant information for each progra					
28	SERVED OVER 1,200 VETERANS ACROSS THE COUNTRY	ON A WEEKLY BASIS	IN 2015			
	THROUGH SPORTS AND COMMUNITY INVOLVEMENT. W			PMENT		
	TRAVEL, MEALS, AWARDS, COMMUNITY EVENTS, CONFER					
			ts, check here		28	a 104,256
29	TAMPABAY LIGHTNING PROVIDED \$30,000 TOSUPPORT					
	THIS GRANTSERVED 133 VETERANS ON A WEEKLY BAS					
	LEAGUES FROM JANUARY THROUGH DECEMBER					
	(Grants\$ 30,000) If this amount i				29	a 30.000
30	(Cramor Control in the Control in th					
•						
	(Grants\$ ) If this amount in	ncludes foreign grant	s, check here	▶ □	30	a
21	Other program services (describe in Schedule O)				-	
31			s, check here		31:	
32	Total program service expenses (add lines 28a throu				32	
Par						
ı aı	Check if the organization used Schedule					
-	Officer if the organization used concedure	· ·	(c)Reportable	(d) Health benefits,	Ť	· · · · · · · ·
	(a) Name and title	(b) Average hours per week		contributions to employe		e)Estimated amount of
		devoted to position	W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferre	ea	other compensation
ED M	EAGHER				+	
	SIDENT	10			0	0
		10				
	OR URRUELA	20			0	0
	PRESIDENT	20	The state of the s		-	-
	EL JACOBS	10			0	0
_	CTOR	10		/	-	
	DY THARP	20			0	0
-	CTOR	20			U	U
-	ERODRIGUEZ		04 470 0			
EXE	CUTIVE DIRECTOR	40	24,173.20		0	0
					+	
					+	
					_	
				1		
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Part	The state of the s			_		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	1	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed		Yes	NO		
	description of each activity in Schedule O	33		1		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of					
	the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O(see instructions)	24		,		
352	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		1		
000	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		1		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?If "Yes," complete Schedule C, Part III	35c				
36 [	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?If "Yes," complete applicable parts of Schedule N	36		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0					
	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-		,		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1		
39	Section 501(c)(7)organizations. Enter:					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3)organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?If "Yes," complete Form 8886-T	40e		1		
41	List the states with which acopy of this return is filed ▶					
42a	The organization's books are in care of ▶ RANDYTHARP Telephone no. ▶					
b	Located at ► 150 MORNINGSIDE DR, GRAND RAPIDS MI ZIP+4 ► 49506  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		V	N-		
ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓		
	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for FinCENForm 114, Report of Foreign Bank and Financial Accounts (FBAR).					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	<b>▶</b> □		
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in			1965		
	Schedule O	44d				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1		
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h				

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46	Did the organization engage, directly or inc	directly, in political can	npaign activities on be	half of or in	pposition to		Yes	No	
	candidates for public office? If "Yes," comple					46		1	
Part '	Section 501(c)(3) organizations All section 501(c)(3)organizations or Check if the organization used Sci	must answer questior						51. 	
47	Did the organization engage in lobbying ac "Yes," complete ScheduleC, Part II		ion 501(h) election in e	ffect during th	e taxyear? If	47	162	1	
48	Istheorganizationa schoolasdescribedinse			le E		48		1	
49a						49a		1	
b	If "Yes," was the related organization a se					49b			
50	Complete this table for the organization's fi						key		
1 <u>122-122-122</u>	employees) who each received more than \$1	100,000 of compensatio	n from the organization			e."			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c)Reportable compensation (FormsW-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation					
51 	Total number of other employees paid over \$ Complete this table for the organization's five compensation from the organization. If there  (a) Name and business address of each independent of the compensation of the compensation from the organization.	ve highest compensate e is none, enter "None."		1	ach received more than \$100,000 of (c)Compensation				
						****			
			4						
d	Total number of other independent contract						7012		
52	Did the organization complete Schedule Schedule A		501(c)(3) organizations		a completed ►	✓ Yes		No	
	enalties of perjury, I declare that I have examined this return plete. Declaration of preparer (other than officer) is based o			the best of my kn	owledge and beli	ef, it is true	e, correc	:t,	
	1.4								
Sign Here	Signature of officer PANDY HARP	Prosid	ent	Date	2/2/17	)			
	Type or print name and title	Proparadecianatura	I Do	to		DTIN			
Paid Prep	Print/Type preparer's name	Preparer'ssignature	Da	le .	Check if self-employed	PTIN			
Use					rm's EIN ▶				
	Firm's address ►	phous phous? O :	tructions	Phone			П.	Ne	
ividy (f	ne IRS discuss this return with the preparer s	SHOWIT ADOVE! See INS	tructions		▶ ✓	Ш		No	