Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2013 calen	dar year, or tax year begin	ning	, 2013,	and ending	l		,			
В	Check if a	applicable:	C Name of organization Vet	sports Incorpor	ated			D Employ	er Identif	fication Num	ber	
	Addı	ress change	Doing Business As					46-	05602	244		
	Nam	ne change	Number and street (or P.O. box	if mail is not delivered to street ac	ddress)	Room/su	iite	E Telepho				
	Initia	al return	11010 West Avenu	e				(61	6) 88	31-613	6	
	H	minated		country, and ZIP or foreign postal	code			(01	0, 00	010		
	-	ended return	Kensington		MD	20895	1,	G Gross r	occipte d	110,	960	
	\vdash	lication pending	F Name and address of principal of	officer:	MID		I(a) Is this a g				Yes	X No
	Appi	lication pending			MD						Yes	No
_	T		Randy Tharp 11010 W		7	20895	H(b) Are all su If 'No,' at	ach a list. (see instru	ctions)		
<u> </u>		xempt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527			.			
J		site: ► N/			1-		H(c) Group ex					
K		of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	: 2012	M	State of leg	gal domicile:	MD	
Pa	rt I	Summar										
		•	e the organization's mission			help wounde						
è			<u>s and rehabilitation programs</u>									
Activities & Governance			otherwise. It also includes a									
e			allows its members to t							tive spo	ort_ev	ents.
õ			x F if the organization									
જ			ting members of the governi	, ,					3			3
es			dependent voting members of						5			3
ŧ			of individuals employed in confidence of volunteers (estimate if ne						6			0
Ę			d business revenue from Pa	• /					7a			0.
٩			business taxable income from	, ,					7b			<u> </u>
	D I	vet unrelated	business taxable income no	JIII I OIIII 990-1, IIIIC 34				or Year	75	Curr	ent Yea	
	8 (Contributions	and grants (Part VIII, line 1h	.)			FII	or rear	-	Curre	ill Tea	<u> </u>
ne			ice revenue (Part VIII, line 2					13,9	140		110,8	0.60
Revenue		-	come (Part VIII, column (A),					13,5	742.		110,0	309.
Ве́			e (Part VIII, column (A), lines									
			= – add lines 8 through 11 (n		,			13,9	1/2		110,8	969
			milar amounts paid (Part IX,					13,3	744.		110,0	309.
			to or for members (Part IX,	, ,								
		•	•	, ,								
es.	1 5 S		r compensation, employee b	,								
Expenses	16a F	Professional f	undraising fees (Part IX, colo	umn (A), line 11e)								0.
×	bΤ	Γotal fundrais	ing expenses (Part IX, colun	nn (D), line 25) ►		1,707.						
Ш	17 (Other expens	es (Part IX, column (A), lines	s 11a-11d, 11f-24e)				8.9	99.		75.3	381.
	18 T	Fotal expense	es. Add lines 13-17 (must eq	ual Part IX. column (A). lir	ne 25)				99.			381.
			expenses. Subtract line 18						943.		35,4	
8 8		10701140 1000	oxponede. Cabilaet into 10				Beginning			Fnd	of Year	
Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)				beginning	4,9		Liiu		108.
Asa	21 T	,	s (Part X, line 26)					7,2	0.		43,-	100.
F Set			,									
	22 1		fund balances. Subtract line	21 from line 20				4,9	943.		43,	108.
	rt II	Signatur										
Unde	er penaltie: plete. Decl	s of perjury, I dec	clare that I have examined this return, er (other than officer) is based on all in	including accompanying schedule	s and statements, any knowledge.	and to the best	of my knowle	dge and be	lief, it is tru	ue, correct, a	nd	
		Signatu	re of officer				U 3 Date	/01/1	. 4			
Siç	gn –	Signatu	re or officer									
Hè	re		DY THARP				Presid	dent				
			print name and title.	1				1				
		Print/Type p	reparer's name	Preparer's signature		Date	C	Check	if F	PTIN		
Pa	id	Luramo	on Jean Pierre	Luramon Jean P	<u>ierre</u>	04/21/2	14	elf-employe	ed [P01063	408	
	eparer	Firm's name	LURAMON JEAN	PIERRE CPA PC								
	e Only			d Street # 440			F	irm's EIN	27-	165322	20	
	•		Kensington		MD 2089	5	F	hone no.) 514-		
May	the IR	S discuss this	s return with the preparer sh						,	X Yes		No

Par	t III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part	III		X
1		y describe the organization's mission:			
		help wounded veterans overcome their injurie			
		<u>live sports and rehabilitation programs. Memberships are from members of arm</u>	<u>led_forces_who_received</u>	<u>an injury during service,</u>	<u>whether oversea, </u>
	See	Form 990, Page 2, Part III, Line 1 (continued)			
	D: 1 ti		and the form of the first	and the material	
2		he organization undertake any significant program services during the year		· —	Van Er Na
		990 or 990-EZ?sssdescribe these new services on Schedule O.			Yes X No
3		he organization cease conducting, or make significant changes in how it co	nducte any program s	envices?	Yes X No
Ū		s,' describe these changes on Schedule O.	nadoto, any program o	CIVICOS: I I I I I I	ico 🛕 iio
4		ribe the organization's program service accomplishments for each of its thr	ee largest program sei	rvices, as measured by ex	penses.
	Secti	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are is, the total expenses, and revenue, if any, for each program service report	required to report the a	amount of grants and alloc	ations to
	outer	s, the total expenses, and revenue, if any, for each program service report	eu.		
4.5	, (Cod	e:) (Expenses \$ 0 including grants of	\$	0.)(Revenue \$	110 000)
4 6	(Cod			<u> </u>	110,869.
		renues_include_the_following: Corporate_Eventud Raiser Event: \$10,776			
		a Event Tickets- Temporary Restricted: \$875			
	Con	tributions Unrestricted to 107			
	Con	tributions Temporary Restricted: \$11,149			
	22-				
4 k	(Cod			<u>0 .</u>) (Revenue \$	0.
		gram Service Expenses include the following:			
	<u>Ve</u> t	eran Sport Expenses Reimbursement:\$884.33			
	Spo	ort Event Supplies-Temporay Restricted: \$3,51	2.40		
		eran Sport Supplies-Unrestricted: \$350			
	Spo	rt Land Travel-Temporary Restricted: \$1,725.9	22		
	ver	eran Lodging- Temporary Restricted :\$11,911. eran Meals- Sport programs Temp. Rest.:382.0	2		
		fare- Sport Programs Temp. Rest.:\$14,777.92			
	Uni	forms-Sport Programs- Temp. Rest: \$670			
	Fac	forms-Sport Programs- Temp. Rest: \$670 ility Expenses-Sport Programs-Temp. Rest.:\$2	1,926.93		
	Spo	ort Liability Insurance: \$3,931.74			
4 c	(Cod	e:) (Expenses \$ 0 _ including grants of	\$	0 <u>.</u>) (Revenue \$	0.)
	Sup	porting Activities include the following:			
	Ben	efits paid to Members: Admin: \$300			
	Giv	re Back Other Charities:\$1,600			
	Leg	al Fees-Admin Unrestricted:\$450 pplies Expense- Admin Unrestricted :\$1,021.70			
	Sup	plies Expense- Admin Unrestricted :\$1,021.70			
	<u>Vet</u>	sports Website- Admin Unrestricted: \$55.31			
	<u> </u>	o T-Shirt-Ad Printing Unrestricted \$5,820.83			
	Lx2	tography- Admin Unrestricted :\$475			
	TTG	wel Expense- Admin Unrestricted: \$252			
	See	counting-Admin Unrestricted:\$2,400Form 990, Page 2, Part III, Line 4c (continued)			
4 c	Othe	r program services. (Describe in Schedule O.)			
		enses \$ 0 including grants of \$	0 .) (Reven	iue \$	0.)
4 e	Total	I program service expenses ► 60.073.			

Form 990 (2013) Vetsports Incorporated Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	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	11 b		Х
(c 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	11 c		Х
•	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	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ı	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	12 b		Х
13		13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If</i> 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		Х
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? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) Vetsports Incorporated Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a Section 501(c)(3) and 501(c)(4) 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		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
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		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form **990** (2013)

Form 990 (2013) Vetsports Incorporated Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

uı	Check if Schedule O contains a response or note to any line in this Part V			. X
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	a 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			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3:	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
		35		
	a 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)?	4 a		X
K	b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<i>-</i>		5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		50		
6 a	a 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?	6 a		Х
k	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
ŧ	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
k	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
C	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Spansoring organizations maintaining donor advised funds and section 500(a)(2) supporting organizations. Did the			
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
á	a Did the organization make any taxable distributions under section 4966?	9 a		
k	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
á	a Initiation fees and capital contributions included on Part VIII, line 12			
k	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
á	a Gross income from members or shareholders			
k	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
k	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
k	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			
	c Enter the amount of reserves on hand	44-		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ľ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule 0	14 b		l

Form 990 (2013) Vetsports Incorporated 46-0560244 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents 4 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Χ Χ 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο Χ 10 a 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?.............. 10 h Χ Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13............... Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Χ to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ 13 Χ 14 Χ 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? 15 a Χ 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b Section C. Disclosure

17	List the states with which a c	copy of this Form 990 is requ	lired to be filed F	
18	Section 6104 requires an orginspection. Indicate how you	ganization to make its Forms I make these available. Chec	s 1023 (or 1024 if applicable), 99ck all that apply.	90, and 990-T (501(c)(3)s only) available for public
	Own website	Another's website	Upon request	Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

(616) 881-6136 11010 West Avene Kensington

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	x, ùnl	ess pe	erson	more that is both trustee	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)_Tharp_Randy	20.00									
President & CEO		X						0.	0.	0.
(2) Brian Taylor Vice President-COO	20.00	Х						0.	0.	0.
(3) Daniel Jacobs	20.00									
Director-Chief Of Staff		X						0.	0.	0.
_(4)										
<u>(5)</u>										
_(7)										
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Part VII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	pensated Emp	loyee	S (cont	inued)
	(B)	, l										
(A) Name and title	Average hours	box	, unle	check ess pe	erson	than o	an	(D) Reportable	(E) Reportable	Es	(F) timated	
	per week (list any		-	, ~~,		or/trust		compensation from the organization	compensation from related organizations	amou	nt of oth censatio	ier n
	hours	ndividual trustee or director	nstitutional trustee	Officer	Key employee	ghes	irme	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anization d related	1
	related organiza - tions	ctor to	onal	_	nploy	t com	_				anization	
	below	nste	trust		ree	pens						
	line)	Ф	ee			Highest compensated employee	-					
<u>(15)</u>												
(16)												
(17)												
`-'	1											
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)	-											
1 b Sub-total					٠.		>	0.	0.			0.
c Total from continuation sheets to Part VII, Section							>					
d Total (add lines 1b and 1c)							ivo.	0. d more than \$100 (0.	mnensa	ion	0.
from the organization	10 111030	notec	abt	340)	WIIC	71000	JIV C.	a more than \$100,0	oo of reportable cor	препза	.1011	
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc										. 3	Х	
4 For any individual listed on line 1a, is the sum of rep	ortable co	ompe	nsa	tion	and	othe	r co	mpensation from				
the organization and related organizations greater the such individual	an \$150, 	000?	<i>If '</i> \	es'	com	plete 	Sci	hedule J for 		. 4		Х
5 Did any person listed on line 1a receive or accrue core for services rendered to the organization? If 'Yes,' co	ompensat o <i>mplete</i> S	ion fr <i>ched</i>	om : lule	any <i>J foi</i>	unre r <i>suc</i>	lated th pe	l org rsor	ganization or individ	dual 	. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indene	nden	t co	ntrad	ctors	that	rec	eived more than \$1	100.000 of			
compensation from the organization. Report comper	sation fo	r the	cale	nda	r yea	ar en	ding	with or within the	organization's tax ye			
(A) Name and business addre	(A) Name and business address							(B) Description o	f services	Compe	C) nsatio	n
								<u> </u>				
2 Total number of independent contractors (including l	out not lin	nited	to th	nose	liste	ed ab	ove) who received mo	re than			
\$100,000 of compensation from the organization												

	Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions gifts grants and				
UE AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above				
M SERVICE REVEN	2a Corporate Event Sponsoring 711410 b Fund Raiser Event-Temp Restricted 711410 c Fund Raiser Unrestricted 711410 d Gala Event Ticket 711410	73,128. 10,776. 6,444. 875.	73,128. 10,776. 6,444. 875. 8,497.	0. 0. 0. 0.	0. 0. 0.
PROGRA		8,497. 11,149. 110,869.	11,149.	0.	0.
	3 Investment income (including dividends, interest and other similar amounts)				
	d Net rental income or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including . \$				
9	c Net income or (loss) from fundraising events				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code 11 a				
	d All other revenue		110.869.	0.	0

Part IX Statement of Functional Expenses

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

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

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21		·	0	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	450.	0.	450.	0.
c	Accounting	2,400.	0.	2,400.	0.
c	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	0.			0.
-	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	483.	0.	0.	483.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	11,911.	11,911.	0.	0.
17	Travel	16,756.	16,504.	252.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	382.	382.	0.	0.
19	Conferences, conventions, and meetings		·	<u> </u>	<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,932.	3,932.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Vet Sport Expense Reimbursement	884.	884.	0.	0.
b	Pacility Rental	21,927.	21,927.	0.	0.
C	Supplies & Office Expenses	2,139.	0.	1,022.	1,117.
C	Logo T- Shirt	5,820.	0.	5,820.	0.
е	All other expenses	8,297.	4,533.	3,657.	107.
25	Total functional expenses. Add lines 1 through 24e	75,381.	60,073.	13,601.	1,707.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following				

Cash — non-interest-bearing .			Check if Schedule O contains a response or note to any line in this Part X			
2 2 3 Piedges and grants receivable, net 0. 3 7,651.				(A) Beginning of year		(B) End of year
2 2 3 Piedges and grants receivable, net 0. 3 7,651.		1	Cash – non-interest-bearing	4,943.	1	35,457.
4 Accounts receivable, net		2	Savings and temporary cash investments	,	2	
A Accounts receivable, net		3	Pledges and grants receivable, net	0.	3	7,651.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958()(1)) (10 Schedule L) Notes and loans receivable, net Notes and loans receivable net Notes and loans net N		4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958()(1)) (10 Schedule L) Notes and loans receivable, net Notes and loans receivable net Notes and loans net N		5	Leans and other receivables from current and former officers, directors			
A contract of the receivables from other disqualified persons (as defined under section 4958)(11), persons described in section 4958(0)(15), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		3	trustees, key employees, and highest compensated employees. Complete			
section 4956(f)(11), persons described in section 4958(c)(3)(6), and contributing employers and sponsoring organizations of section 501c(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L					5	
7 Notes and loans receivable, net 7 8	A	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Lescrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable so tourrent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 44 943 33 43,108.		_	, , ,			
10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Lescrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable so tourrent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 44 943 33 43,108.	S		·			
10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Lescrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable so tourrent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 44 943 33 43,108.	Ē					
Complete Part VI of Schedule D	s	9	Prepaid expenses and deferred charges		9	
11 Investments – publicly traded securities 11 12 1nvestments – other securities. See Part IV, line 11 12 13 1 13 14 15 13 14 15 14 15 15 15 16 16 16 16 16			Complete Part VI of Schedule D 10a			
12 Investments – other securities. See Part IV, line 11		b			10 c	
13 Investments — program-related. See Part IV, line 11 113 114 Intangible assets 144 115 Other assets. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,943 16 43,108 17 Accounts payable and accrued expenses 0 17 18 Grants payable and accrued expenses 0 17 18 Grants payable 18 19 19 19 19 19 19 19		11			11	
14		12	<u>-</u>		12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Dayable times 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Total net assets or fund balances. 31 Total net assets or fund balances.		13			13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 4,943. 16 43,108. 17 Accounts payable and accrued expenses. 0, 17 18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0, 26 0. 27 Organizations that follow SFAS 117 (ASC 958), check here		14	<u>-</u>		14	
17 Accounts payable and accrued expenses. 0, 17 18 Grants payable. 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25. 0, 26 0. 27 Unrestricted net assets 3,585 27 7,644. 28 Temporarily restricted net assets 3,585 27 7,644. 29 Permanently restricted net assets 0 29 20 Total liabilities and included on lines 33 and 34. 27 Unrestricted net assets 3,585 27 7,644. 28 Temporarily restricted net assets 0 29 29 Permanently restricted net assets 0 29 20 Total liabilities and included on lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 3,2 33 Total net assets or fund balances 4,943 33 43,108 43,108 17 18 19 19 19 19 19 19 19		15	<u>'</u>		15	
18 Grants payable. 19 Deferred revenue 19 Def		16	Total assets. Add lines 1 through 15 (must equal line 34)	4,943.	16	43,108.
19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities (including bond liabilities (0.		
20 Tax-exempt bond liabilities			, ,			
21 Escrow or custodial account liability. Complete Part IV of Schedule D						
21 Escrow or custodial account liability. Complete Part Iv of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 23 Complete Part II of Schedule L 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here of third parties, and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 21 Unscorred notes and other payables to current funds and directors, trust principal, or current funds. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 A 3, 108.		-	·			
22 Load and other payables to current and other intectors, trustees, key employees, highest compensated employees, and disqualified persons. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here \(\times\) and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here \(\times\) and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 4,943, 33 43,108.	Α		· · · · · · · · · · · · · · · · · · ·		21	
23 Secured mortgages and notes payable to unrelated third parties	L	22	key employees, highest compensated employees, and disqualified persons.		22	
24 Unsecured notes and loans payable to unrelated third parties	1	23	·			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	S		. , ,			
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	0.	26	0.
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets	N		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	'					
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	S	27	Unrestricted net assets	3,585.	27	7,644.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	Ĕ	28	Temporarily restricted net assets	1,358.	28	35,464.
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		29	Permanently restricted net assets		29	
Paid-in or capital surplus, or land, building, or equipment fund						
Paid-in or capital surplus, or land, building, or equipment fund	Ň	30	Capital stock or trust principal, or current funds		30	
Retained earnings, endowment, accumulated income, or other funds			Paid-in or capital surplus, or land, building, or equipment fund			
8	Ļ					
\$\bar{\text{S}}\$ 34 Total liabilities and net assets/fund balances	Ā N C	33	<u> </u>	4,943.	33	43,108.
	Š	34	Total liabilities and net assets/fund balances		34	

BAA Form 990 (2013)

011	1000 (2010) Vetspoits incorporated 40-1	JJ00244		i ugc	
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	11	0,86	9.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	75,38	1.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	35,48	8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,94	3.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,67	7.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4	3,10	8.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	·			Yes I	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	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		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	-	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b		
					_

BAA Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Vetsports Incorporated 46-0560244 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (vii) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your (vi) Is the organization in column (i) (iv) Is the organization in column (i) listed in support your governing document? organized in the (see instructions) support' Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> Sec</u>	tion A. Public Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				13,942.		13,942.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				13,942.		13,942.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,942.
Sec	tion B. Total Support		ı	1	1		
Caleı begii	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				13,942.		13,942.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						13,942.
12	Gross receipts from related activities	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here				on 501(c)(3)	> X
	tion C. Computation of Pul						
	Public support percentage for 2013						<u>%</u>
	Public support percentage from 20						%
16 a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test — 2013. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶						
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-organization meets the 'facts-and-organization meets the 'facts-and-organization' meets and 'facts-and-organization' meets a	eets the 'facts-and circumstances' tes	-circumstances' te st. The organization	st, check this box an qualifies as a pub	and stop here. Expl olicly supported orga	lain in Part IV how anization	the ▶
18	Private foundation. If the organization	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instructio	ns ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support			T				
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Urrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							
14		for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	►
Sec	tion C. Computation of Pul	olic Support P	ercentage					
15	Public support percentage for 2013	3 (line 8, column (f) divided by line 13	B, column (f))			15	%
16	Public support percentage from 20	12 Schedule A, Pa	art III, line 15	<u></u>	<u></u>	<u></u>	16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			•	
17	Investment income percentage for))		17	%
18	Investment income percentage from	•	•		•		18	%
	33-1/3% support tests $-$ 2013. If is not more than 33-1/3%, check the	nis box and stop h	ere. The organizat	tion qualifies as a p	oublicly supported	organization		▶ □
b	33-1/3% support tests $-$ 2012. If line 18 is not more than 33-1/3%, σ	the organization d check this box and	id not check a box stop here. The or	on line 14 or line 1 ganization qualifie	l 9a, and line 16 is s as a publicly sup	more than 3: ported orgar	3-1/3%, and ization .	d▶ □
20	Private foundation. If the organiza	ation did not check	a hox on line 14	19a or 19h check	this hox and see i	nstructions		▶□

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Vet	sports Incorporated	46-0560244			
Par		·			
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of th VII, Section A, line 1a. Complete Part III to provide any relevant info	ne following to or for a person listed in Form 990, Part ormation regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follo reimbursement or provision of all of the expenses described above?		1 b		
2	Did the organization require substantiation prior to reimbursing or al trustees, and officers, including the CEO/Executive Director, regarding	ing the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to CEO/Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but explain	establish the compensation of the organization's ses for methods used by a related organization to in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization:	n A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4 a		X
	Participate in, or receive payment from, a supplemental nonqualified		4 b		Χ
С	Participate in, or receive payment from, an equity-based compensate	-	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the application	ole amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must comple	ete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	organization pay or accrue any compensation			
а	The organization?		5 a		Х
b	Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	organization pay or accrue any compensation			
а	The organization?		6 a		Х
b	Any related organization?		6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the opayments not described in lines 5 and 6? If 'Yes,' describe in Part III	organization provide any non-fixed	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued to the initial contract exception described in Regulations section 53.				

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

If 'Yes,' describe in Part III

Schedule **J** (Form 990) 2013

8

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i)	0.	0.	0.	0.	0.	0.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				L		L	
	(ii)							
	(i)						L	
	(ii)							
	(i)							
	(ii)							
	(i)						L	
	(ii)							
	(i)						L	
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	(ii)							
	(i)						L	
	(ii)							
	(i)						L	
16	(ii)							

BAA

TEEA4102 07/08/13

Schedule **J** (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Vetsports Incorporated	46-0560244
Pt III, Line 2 The Company did not make any significant change:	S
Pt_III, Line 3Since inception there has been no change	
Pt V, Line 3b No such activity existed in 2013	
Pt V, Line 13a Vetsports is not involved in any health insurance	ce business
Pt V, Line 14b No such activity existed in 2013	
Pt VI, Line 1a There have always been 3 voting members since in	nception
Pt VI, Line 2 No such relationship existed in 2013	
Pt VI, Line 3 No such activity existed in 2013	
Pt VI, Line 4 No change was made to its governing body in 201	3
Pt VI, Line 5 We are not aware of any diversion of assets	
Pt VI, Line 6 No such member or stockholder existed in 2013	
Pt VI, Line 7a No such member or stockholder existed in 2013	
Pt VI, Line 7b Does not apply to us	
Pt VI, Line 8a Minutes record exist for such item	
Pt VI, Line 8b Minutes record exist for such item	
Pt VI, Line 10b Written procedures are on record	
Pt_VI, Line 11bAfter_being filed by entity CPA who also maintains the book, the members of the property of the state of	pers review the filing for accuracy
Pt_VI, Line 12cThere are written policies that are monitored for	or compliance
Pt VI, Line 15a There is no compensation at this time	
Pt VI, Line 15b There is no compensation at this time	

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning	, 2013, and ending	,
, ,		'

Department of the Treasury	► Information about 5	2013			
Department or the Treasury Information about Form 8879-EO and its instruction Name of exempt organization ► Information about Form 8879-EO and its instruction			is is at www.irs.gov		lentification number
	oorat od			46-056	
Vetsports Incor	146-056	00244			
RANDY THARP		Pre	sident		
	urn and Return Info	rmation (Whole Dollars On			
check the box on line 1a, leave line 1b, 2b, 3b, 4b,	2a, 3a, 4a, or 5a, below, an	this Form 8879-EO and enter the a dd the amount on that line for the re ble, blank (do not enter -0-). But, if n 1 line in Part I.	eturn being filed with t	his form was bla	ank, thén
1 a Form 990 check her	e · · ▶ 🗓 b Total re	venue, if any (Form 990, Part VIII,	column (A), line 12)		1b 110,869.
2 a Form 990-EZ check	here • b Tota	al revenue, if any (Form 990-EZ, li	ne 9)		2 b
3 a Form 1120-POL che	eck here 🕨 🗍 b	Total tax (Form 1120-POL, line 22	2)		3 b
4 a Form 990-PF check	here ▶ b Tax	based on investment income (F	orm 990-PF, Part VI,	line 5)	4 b
5 a Form 8868 check he	ere ▶	Due (Form 8868, Part I, line 3c o	r Part II, line 8c)		5 b
Part II Declaration	and Signature Auth	orization of Officer			
the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct dorganization's federal taxe contact the U.S. Treasury authorize the financial instanswer inquiries and reso organization's electronic refus	gement of receipt or reason any refund. If applicable, I ebit) entry to the financial ir is owed on this return, and Financial Agent at 1-888-3 itutions involved in the prove ve issues related to the pa eturn and, if applicable, the	ic return originator (ERO) to send of the transmission, (authorize the U.S. Treasury and it is stitution account indicated in the the financial institution to debit the 53-4537 no later than 2 business cossing of the electronic payment of yment. I have selected a personal organization's consent to electronic	(b) the reason for any is designated Financia ax preparation softwarentry to this account days prior to the payr of taxes to receive coil identification number	delay in proces al Agent to initia re for payment of To revoke a par nent (settlement) ofidential information	sing the return or te an electronic of the lyment, I must) date. I also ation necessary to
Officer's PIN: check one	box only		to outon my DINI		
I authorize	ERO fii	rm name	to enter my PIN	Enter five num	as my signature
a state agency(ies) re the return's disclosure X As an officer of the ord indicated within this re	gulåting charities as part of consent screen. ganization, I will enter my P	filed return. If I have indicated with the IRS Fed/State program, I also PIN as my signature on the organizern is being filed with a state agencies or consent screen.	authorize the aforem ation's tax year 2013	entioned ERO to	n is being filed with o enter my PIN on ed return. If I have
Officer's signature ►			Date ► 03/01/	2014	
Part III Certification	n and Authentication	1	· · · · · · · · · · · · · · · · · · ·		
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing	identification			
number (EFIN) followed b	y your five-digit self-selecte	ed PIN			54851754851 do not enter all zeros
above. I confirm that I am		h is my signature on the 2013 elec cordance with the requirements of			
ERO's signature			Date ► <u>04/21/</u>	2014	
		RO Must Retain This Form — Second This Form To the IRS Unles		So	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

Vetsports Incorporated 46-0560244 1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

in combat or otherwise. It also includes any and all veterans whether the injury is physical, mental with no minimum damages for qualification Vetsports allows its members to travel around the country in participating in those rehabilitative sport events.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4c (continued)

Other Expenses: Admin: \$470.50
Legal & Admin-Unrestricted: \$756

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Fund Raising Activities		
Expenses	0.	Printing & Publications: Unrestricted :\$499.95		
Grants Of	0.	Mailing-Fund Raising Sollicitation:\$32.35		
Revenue.	0.	Website-Fund Raising Unrestricted:\$575		
		Website Fund Raising Unrestricted:\$60		
		Business Cards & Prints Mats- Unrest:\$46.97		
		Advertisement-Marketing-Unrest:482.59		